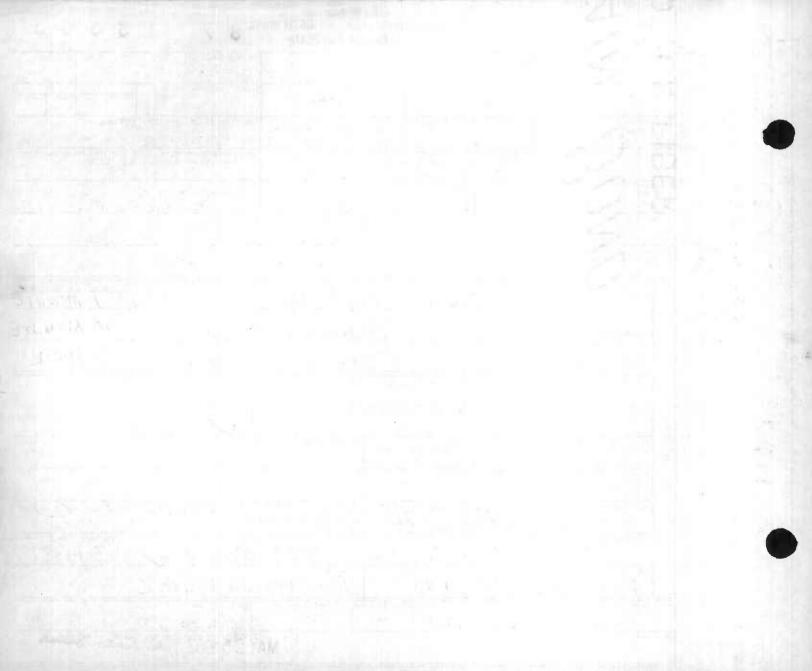
(VRA 15, 4)

STATE OF MARYLAND



DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

Burial

Steven F. Crawford, M.D.

236 DATE

Owing Bor Mills, Md.

23c NAME OF CEMETERY OR CREMATORY

1987 Dover Church Cem.

Butler REGISTRAR 256. REGISTRAR'S SIGNATURE

CITY OR TOWN

23d LOCATION

Baltimore, Md. tra Devidern- Kandall

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FOR	DEPARTMENT OF HEAD

F MARYLAND LTH AND MENTAL HYGIENE 🙎

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130		136 COUR	VIT	13: CITY OR		13d INSIDE CITY LIMITS?	13e STREET A			04	040
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO MOSPITAL OR ATTENDING PHYSICIAN; The law retoined by the hospital or ottending physician

Leonard J. Ruck, Inc.

5305 Harford Rd.

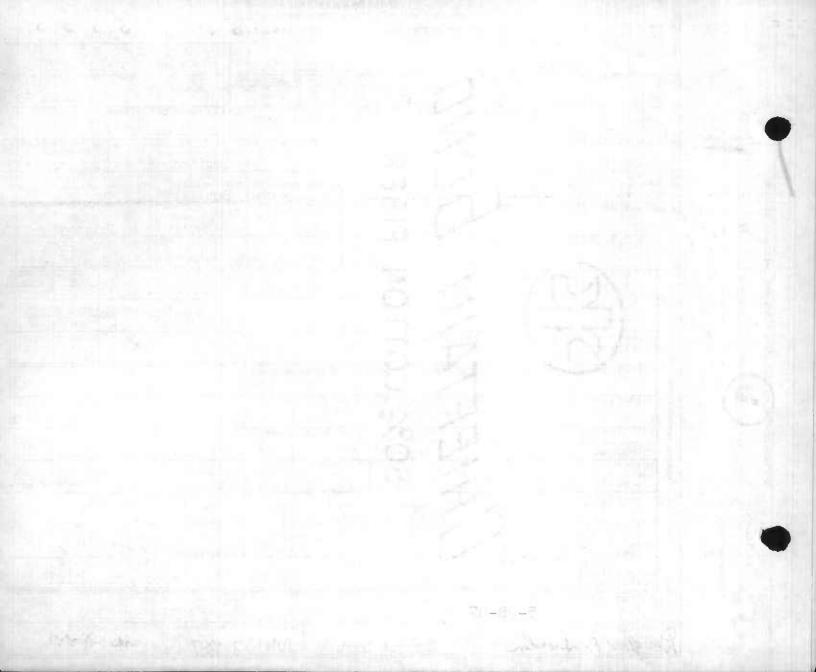
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DOATH REGISTRAR I DECEASED NAME 20 DATE KNOWN TE MONTH Th HOUR (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
I W. PRESTON STREET, GEORGE DEATH MATED 5 22 19 87 HELMICK, SR. 4 RACE 5 DATE OF BIRTH A AGE UN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 2c DATE LAST BIRTHDAY :14 P M PRONOUNCED 20 1087 DEAD male white 6 TO BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S. West Virginia DIVORCED Baltimore City WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION LITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore retired University Hospital (STU) railroad UAL RESIDENCE UF IN NURS HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 113e STREET ADDRESS Berkelev Bunker Hill NO IX PO BOX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Robert Helmick T da Belle Johnson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 17 INFORMANT 25413 HEYES GIVE WAR OR DATES No Marie J. Helmick PO Box 114 Bunker Hill 220-07-1724 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries with complications DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TE. WRITING THE WEST, NEWARDED TO THE PROPERTY OF SERVICE STATE DEPARTMENT OF \$1201 PRICE TO BUT YES | NO X 710 EXTERNAL CAUSE WAS 71b. TIME OF INILIRY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 10:30 XX 3-29- 19 87 Driver of pick-up truck/van collision. 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME If LOCATION STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK W. VA Rt. West VA. road 45 & Poor Inspection X 22a I certify that I took charge of the remains described above, held an and in my apinian Inquiry death resulted from Natural causes Hamicide Undetermined manner TO MEDICAL EXECUTE THE CERTIF PAGE 4 SHC DIRECT TO FUNERA DIRECT AFTER DEATH MATER DEATH MORE, TITLE (SPECIFY) Deputy Chief ACTUAL 5-23-87 DATE SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT ADDRESS_ 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 5-28-87 WV Bunker Hill Cemetery Burial Bunker Hill Berkelev FUNERAL DIRECTOR DHMH 17 Snew Box 388 Charles Town, WV (VR A15 ME (5))



OR ATTENDING PHYSICIAN.

TO HOSPITAL

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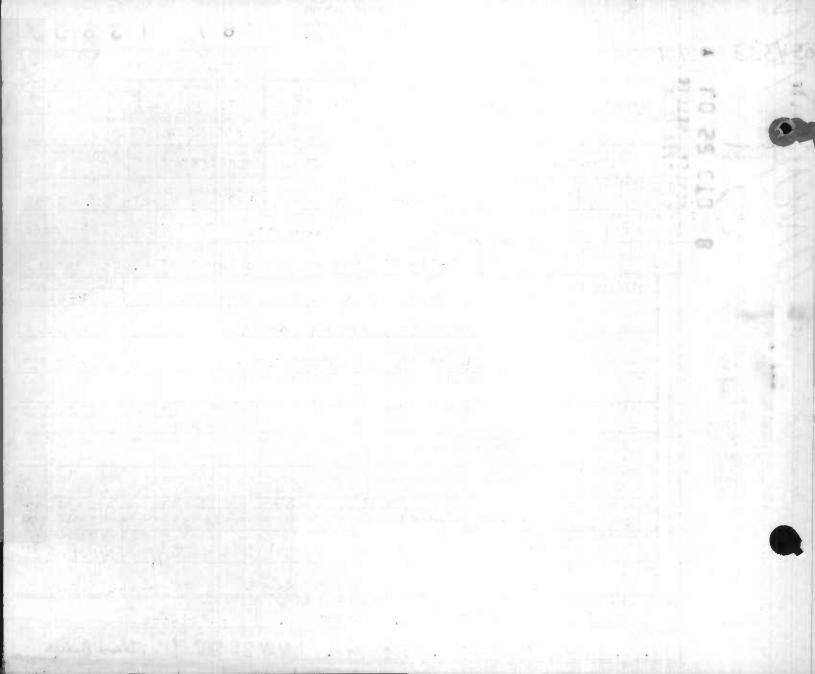
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.					

REGIS	STRAR			CERTII	ICAIL OI DEATH	F	REG. NO.		
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				•	400,000		1		1
3 SEX		4 RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	
Fe	emale	B1a	ck	1	15 16	71	YRS.		
70 BIRTHPLA	ACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED		CITY OR COUNT		
S COUNTRY	VA	U	SA	WIDOWE		BALTI	MORE (CITY	/
	TOWN OF DEATH BALTIMORE				HOSPITAL	170 USUAL OCC	EUPATION LABSTOF WORKING	LIFE) 126. KIND (OF BUSINESS C
13 MADVALE	DENCE (IF NURSING HOME O 13b. COU		GIVE RESIDENCE BEFORE 130-CITY OR TOW Baltin	'N	YES X NO	1029 1	RESS / ZIP COU		. 2120
14 FATHER'S	SNAME FIRST 1111	MIDDLE	Hamlet		15. MOTHER'S MAIDEN NAM	M	rginia	A ^L	Texand
	CEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS		
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	ONTRIBUTING CAUSE OF DE	AIR		19					
21d. IN	NJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION			COUNTRY	41.15
WHILE AT WO!		(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CI	TY OR TOWN	COUNTY	STATE
	certify that (I) (this hosp	ital) attended the	deceased from	5/	8 1087	to	5/20	10 57	that (1) (we) la
50	ow the deceased alive or	1720	19 5	57 0	nd that in (my) (aur) apinion d	leath occurred or	n the date and he	our and from th	
	bove, (I) (we) (did) (did no	th view the body	ofter death		DEGREE			122. DAT	ESIGNED
110.5		M	00	HO	ATTENDING	MEDICAL DIRECTOR	STAFF	5/2	0/87
22 d. PI	HYSICIAN'S NAME	PRINTI			22e ADDRESS				
) B. W.	APD		JOHNS HORKIN	-S -	BALGA	-JRE	2:2:0.
23a BURIAL	, CREMATION, REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	N		
(SPECIFY)	urial	5/27/	87 N	It. A	uburn Cem.	Ba	own 1timore	COUNTY	MD
	LDIRECTOR	1 - , ,					ISTRAR 256-REGI		
	C Manah	E/II 11	ADDRESS N	T 4 1-	0.0.00	Y 2 6 198	V2 /	Tinder.	A
Wm.	C. March	r/n II	01 E. N	MOLFU	AVE. MA	00136	11 Huna	Marrat Les V	Carrie and

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as the with the State Dept. of Health a IMPORTANT: If hem 21 is market

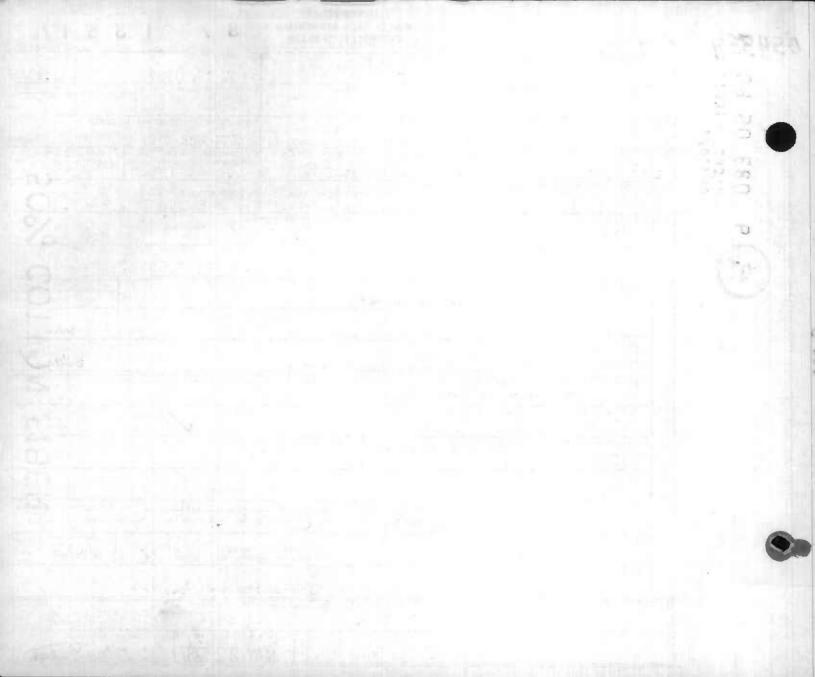


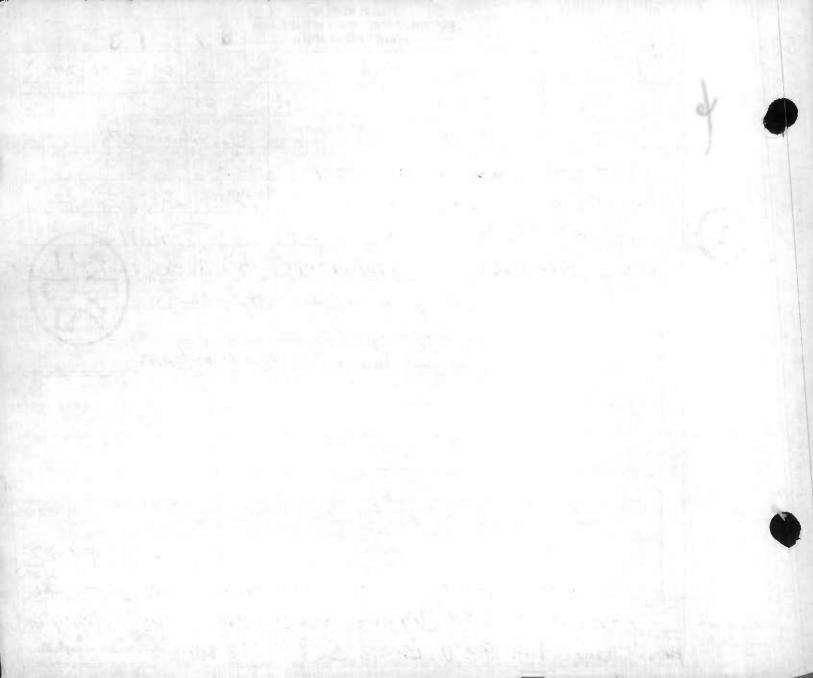
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	3 SE)	m		4 RACE		5 DATE O	DAY YEAR DAY		81 YRS.	MONTHS BAY	
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2		Maryland	1	USA		WIDOWE	DIVORCED	Ba	ltimore City		MD
04/	10 CI	TY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION		AL OCCUPATION FOR FOR MOST OF WORKING LI	12b KIND E) INDUSTR	OF BUSINESS OR
20		Baltimore		John I	Denton Med	d. Cn	tr.	Fa	rmer		
20		AL RESIDENCE (IF NUR	1136 COUN		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	113e.STREE	T ADDRESS / ZIP CODE		
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11/1	HI, FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	WIDDLE		AST
24	1	John		W.	Herber	t.	Mary		WIDDIE	Jan	
8 1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		1725 Lang		
2/	(1	no or unknown)	(IF YES, GIV	E WAR OR DATES)	Accessor 23		Elizabeth Of	ford	Washington		
		18 CAUSE OF DEAT	TH (Enter on	lu nno en vo no	r line for tot the on	dia	jurzedocti o		Additington		OXIMATE INTERVAL IN ONSET AND DEATH
or ath		underlying couse		(c)_	PR AS A CONSEQUE		Il cull	50	leen-		
ınjury.	NO						NOT RELATED TO THE TER				
	RTIFICATION	19a DATE OF OPERA	TION	196 COND	OITION FOR WHICH		n was performed	20a AL	UTOPSY? 20b IF YES	S, WERE FINE FYING CAUSI	DINGS USED ES OF DEATH? NO []
na suo sa cua su	CERTIF	19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING LIFELIMER, NOTIFY MED	ATION IDERLYING CAUSE OF DEA	19b COND	OF INJURY .M. MONTH D.		N WAS PERFORMED	20a AL	UTOPSY? 20b IF YES	S, WERE FINE FYING CAUSI	DINGS USED ES OF DEATH? NO []
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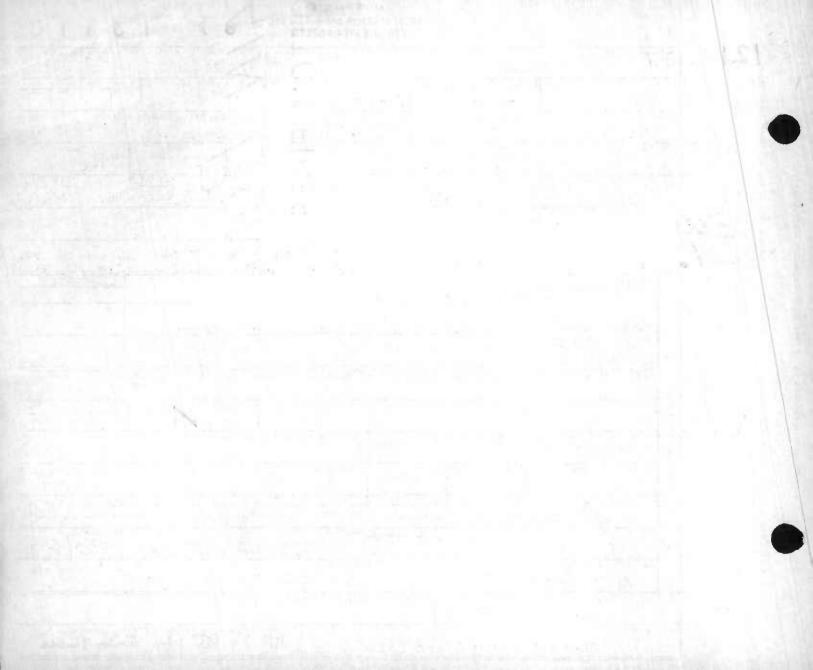
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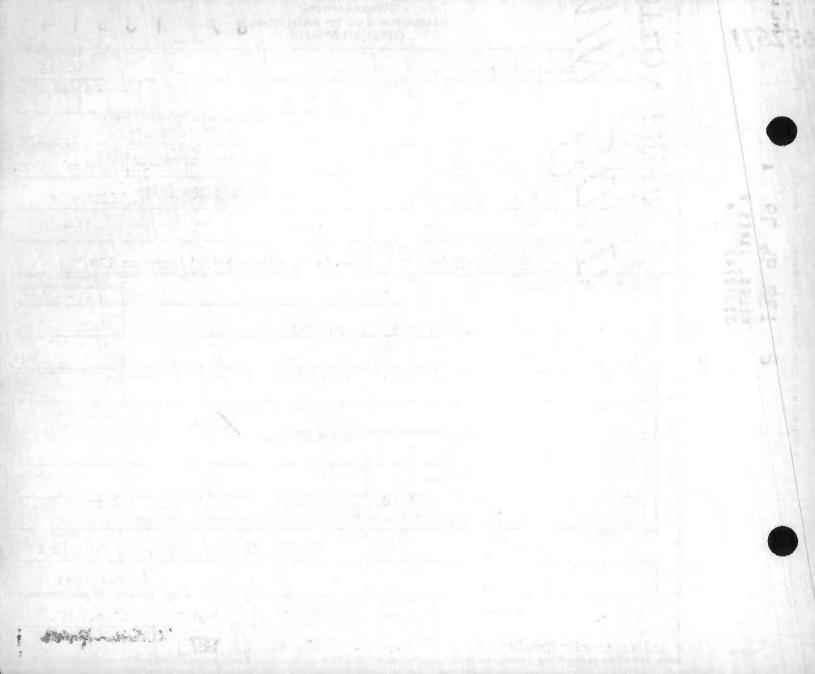
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME 2b HOUR (TYPE OR PRINTS MAY 16,1987 6:58a CECELIA Mary HESSENAUER & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3 SEX July 15, 1948 White Female 70 BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania USA WIDOWED DIVORCED [BALTIMORE CITY 10-CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) JOHNS HOPKINS HOSPITAL INDUSTRY BALTIMORE Tracor Inc. 113c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Calvert Maryland Solomons 20688 P. O. Box 567. HEATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Peter Paul Sobers Catherine Popp ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. 216-50-5984 Brian T. Hessenauer, Same as #13 A-E No 18 CAUSE OF DEATH (Enter only one cause per line for to) (b), and (c).) PART I. DEATH WAS CAUSED BY Dirator minu W. PRESTON ST Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased from. sow the deceased blue on nd that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 226. SIGNATUR 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 120 ADDIESSN. WOLFE ST BALTO. MD d b HOPKINS HOSP. Baltim 23a BURIAL. 23¢ NAME OF CEMETERY OR CREMATORY SPECIFY 5-19-1987 Ga Donald V. Borgwardt Gate of Heaven Cem. Silver Spring, Montgomery, Burial 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR DHMH - 16 60M 7/B4 Box 34B. Port Republic, Maryland 20676 (VRA 15, 4)

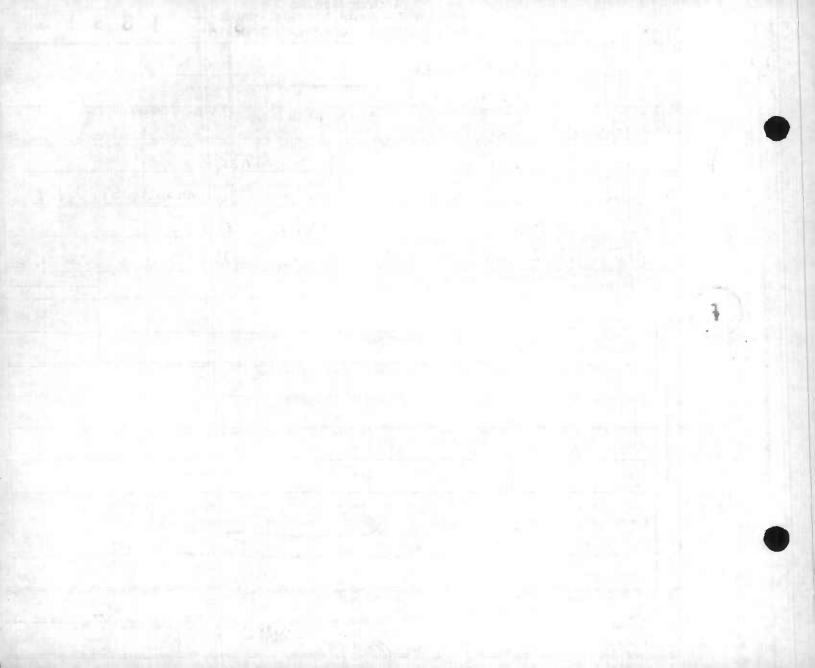




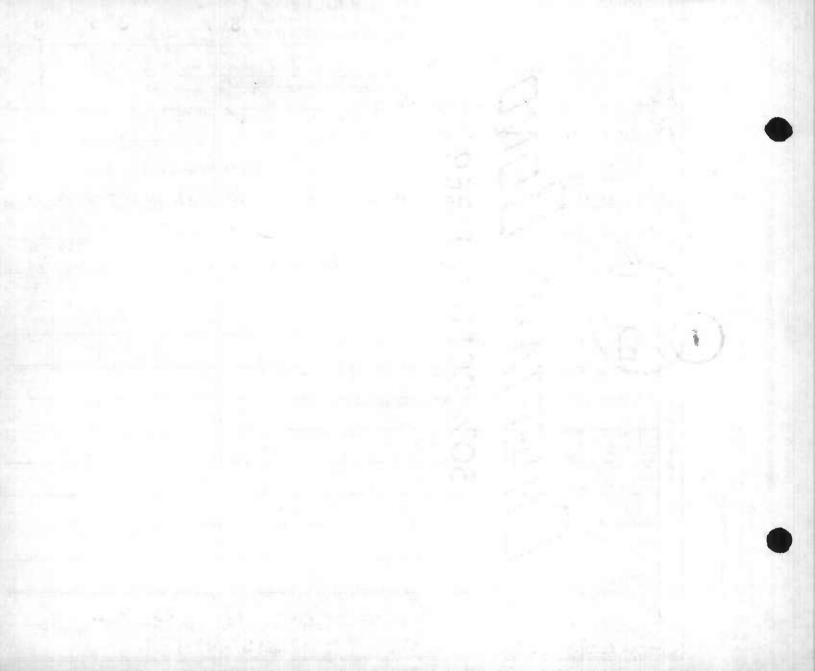




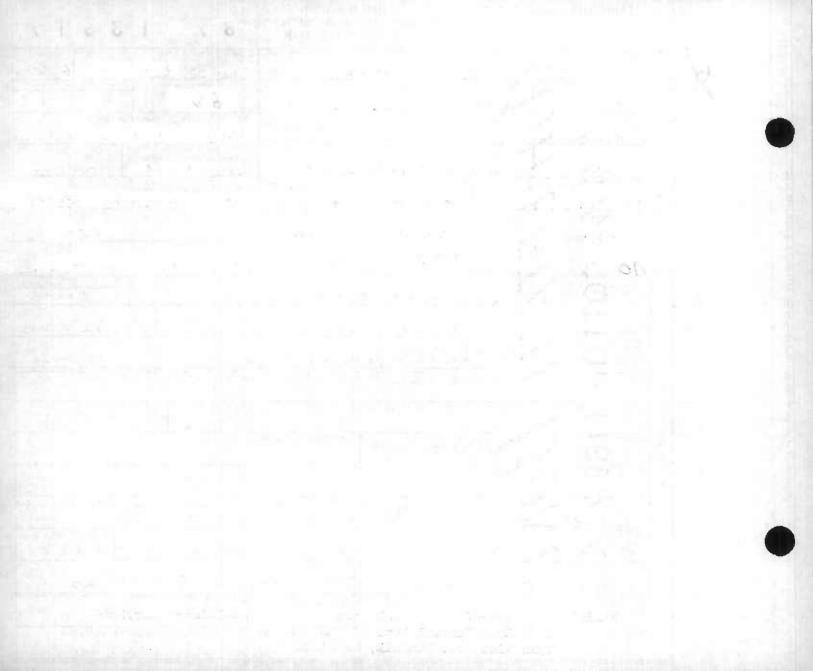
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FER DATE		EXAMINER'S NAMI	E De	ennis F.	Smyth, M.	D.	ADDRESS	111 Pe	enn St.			
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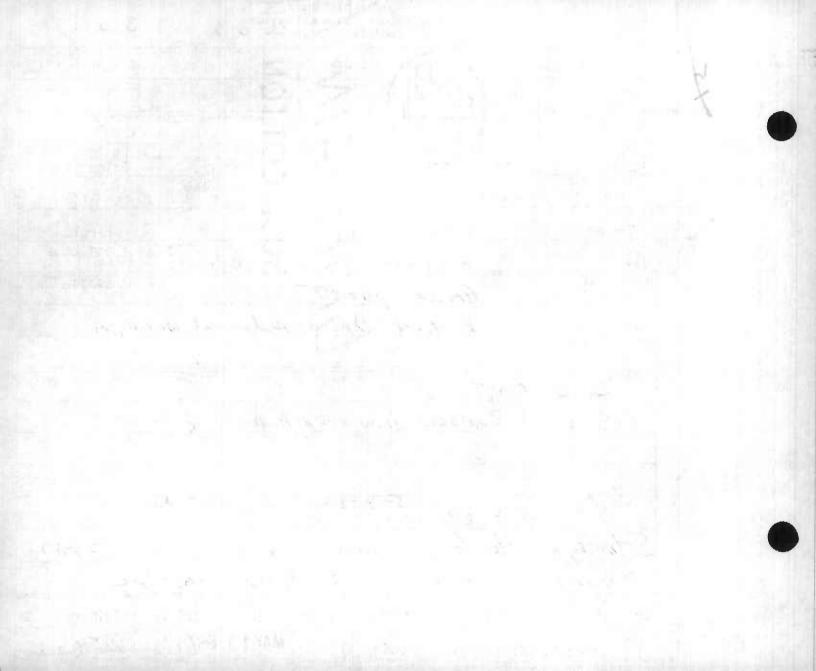
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	\$ E & E & E		Daltimore		TRITY, GIVE STREET ADDRESS)	20110		FOR MOST OF WORKI	NG LIFE)	ORIN	NDUSTRY
	F ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. SHOUD BEFILED, WITHIN 72 HOURS RECORDS OI W. PRESTON STREET,	LASILA	Baltimore L RESIDENCE (IF IN NURSING HOME O		eaufort Ave			UNEMPLE	1750		
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	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH			//							
	M S W S W S		EXAMINER'S NAME (TYPE OR PRINT)	Villiam M.	Zane, M.D.		ADDRESS 111	Penn St.	Balto.M	D.	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	23a.BI	JRIAL, CREMATION, REMOVAL 2		23c. NAME OF CEA			123d. LOCATION			
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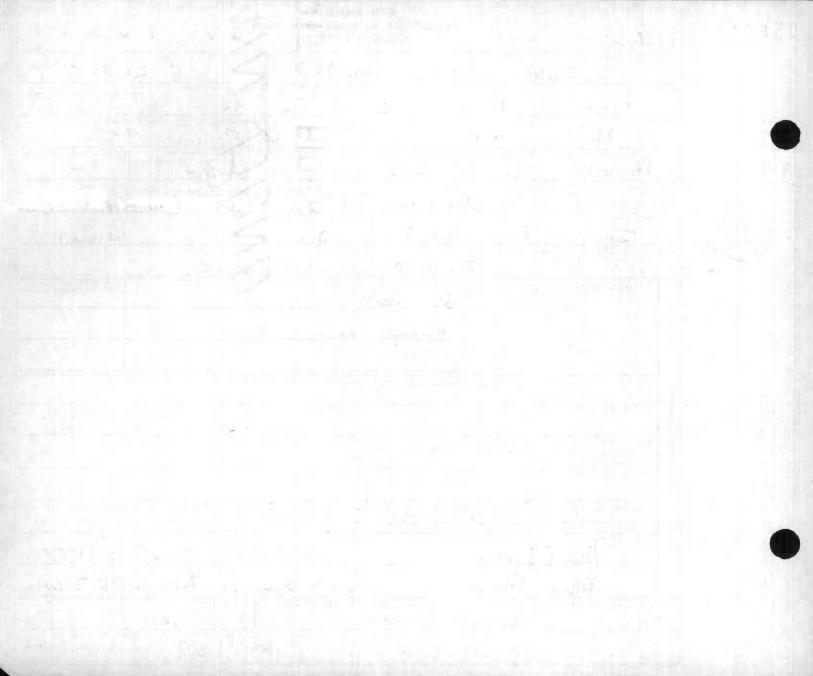
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	FOR			OF MARYLAND EALTH AND MENTAL HYG	HENED Y	1 3 6	1 9
	- STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.	. 0 0	
3 2 5 a look 13/01	1 DECEASED NAME (TYPE OR PRINT)	VELYN W.	HOLC	omb	20 DATE OF DEATH MON	9 89	26 HOUR 235AM
4 may	3. SEX	4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Poge Poge	7a BIRTHPLACE (STATE O	White OR FOREIGN // 7b. CITIZEN OF WHAT	COLINTRY2 8		9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
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AND 21:	130. STATE PA.	IRSING HOME OR OTHER INSTITUTION GIVE RE BESTORD 136. C		136 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	Box 961	999
MARYL ed within	Thomas	MIDDLE	outman	Effie	WE	Haro	īld
IMORE,	(YES NO OR UNKNOWN)	LIE YES, GIVE WAR OR DATES)	OCIAL SECURITY NO. 14055746	DAUGNTER	- BEVERLY	Gateshead	Lane
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 8A TO HOSPITAL OR ATTENDING PHYSICIAN Tretoined by the haspital or attending physican TO FUNERAL DIRECTOR. After this certifical hims required by the attending physical should be detached for use as the burnal-train. The places remove carbon pape with the State Dept. of Health and Mental Hyan. MAPORTANT: If them 21 is marked or them 8	PART I. DEATH Conditions, if on gave rise to it cause (a), store underlying counderlying counderlying counderlying counderlying Death of the counterlying Conference of the counterly of the cou	DUE TO, OR AS A (b) DUE TO, OR AS A (c) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS A (d) DUE TO, OR AS A (e) DUE TO, OR AS (e) DUE TO, OR AS A (e) DUE TO, OR AS A (e) DUE TO, OR AS A (e) DU	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF BUTING TO DEATH BUT FOR WHICH OPERATION VEED DIAN LICENT LICENT	NOT RELATED TO THE TERM N WAS PERFORMED LEA HA A A A A A A A A A A A A A A A A A	200 AUTOPSY? IN YES NO	ON GIVEN IN PART 11 b. IF YES, WERE FINDIN CERTIFYING CAUSES YES TIEM IR PART 1 OR PART 2) COUNTY And hour and from the	NGS USED OF DEATH? NO STATE that (It (we) last causes stated
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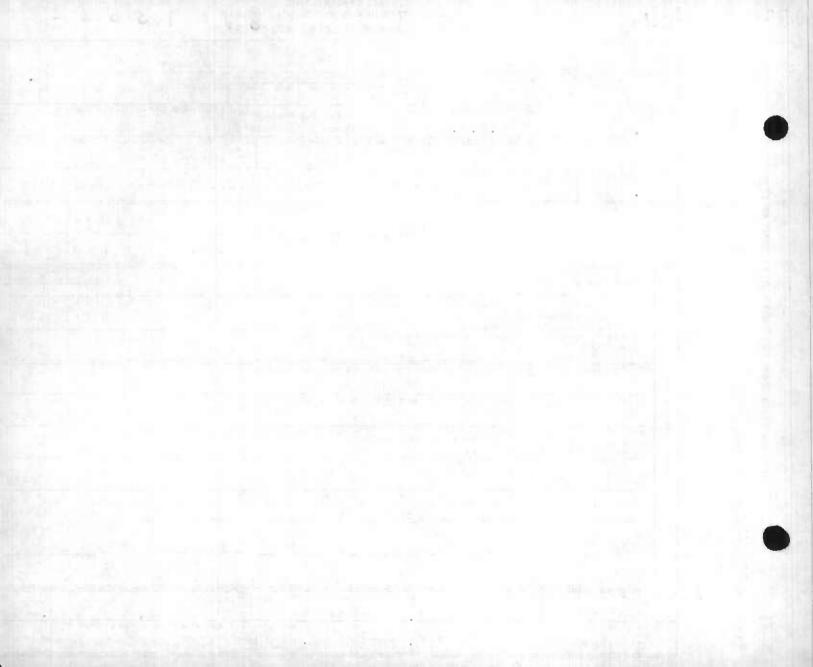
				STATE OF MARYLAND		
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	1 DE	CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
oy be deoth	,,,,,	Charl	as Crogie	Holland	5 20	0 87 736 PM
a bo	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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4 1 1 1 1 1 1 C	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST, OF WORKING LIFE)	124 KIND OF BUSINESS OR
STE BEEN		BALTIMURE	University HU!	spital Baltimage No	Disabled .	II VOOSIKI
1 14 5	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE REPORTED BEFOR	READMISSION) NN 1136. INSIDE CITY LIMITS?	13e STREET ADDRESS 'ZIP CODE	THE BUCKES
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12/组制发了	3	Jemes	P. Hollen	Ahre		lehireheal
		WAS DECEASED EVER IN U.S. AR. YES, NOOR UNKNOWN) (IF YES, GIV	E WAR OR DATES		ADDRESS	
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duire sign ben to buy.	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 110
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DHMH - 16 60M 7/84	24.FI	JNERAL DIRECTOR		25a DA1	TE REC'D BY REGISTRAR 256 REGISTRA	
(VRA 15, 4)	V	Im. C. March	F/H 4300 Waba	sh Ave.	MAY 2 1 1987 Julia	Devideon-Randall

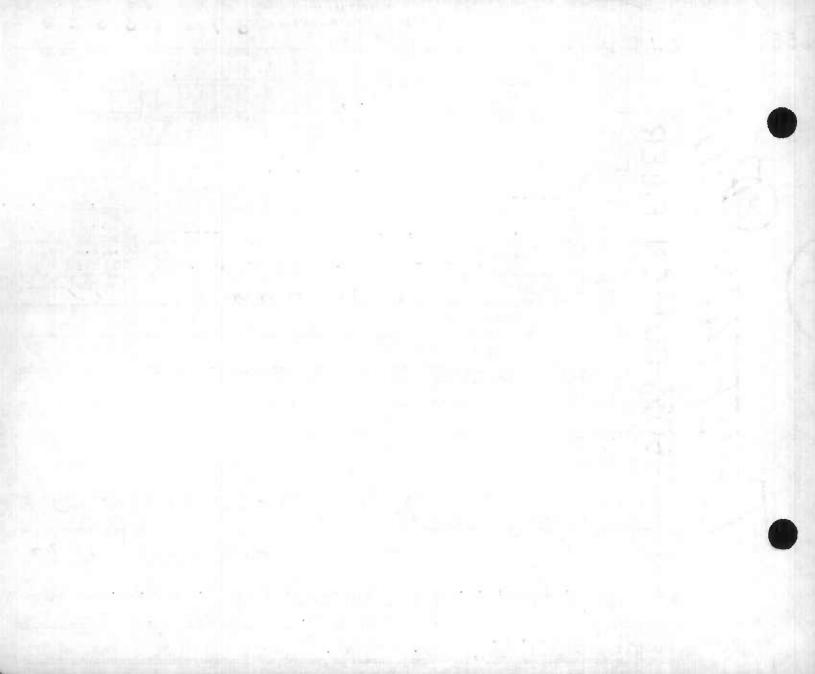


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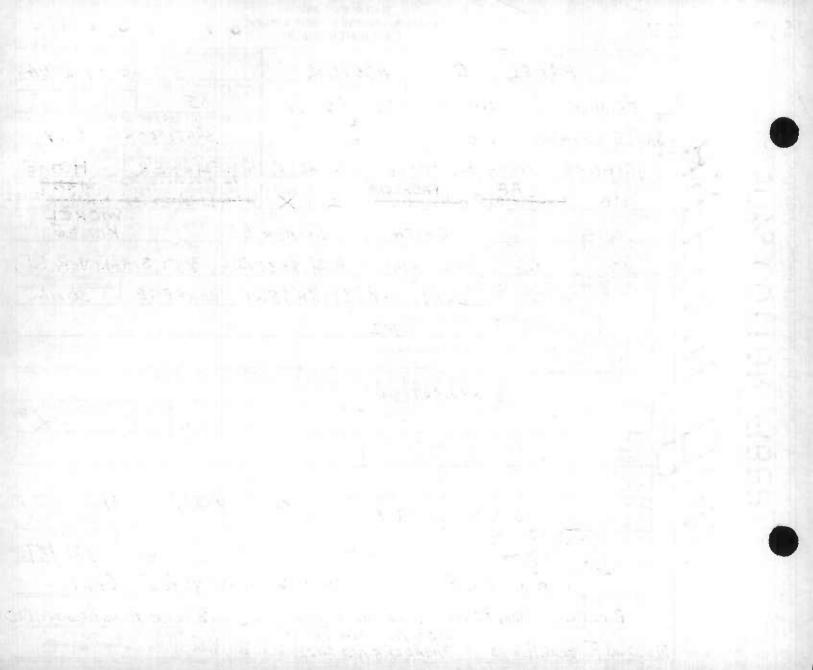
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	SES ES	FC	REIGN COUNTRY)	OR .		EN OF WH		ITRY?		ED NE		ED &			_	UNTY OF	DEATH	
	PEASE FUNEAU DIRECTOR. OR YOU'S FILES. ITHIN 72 HOURS. PRESTON STREET,		1d. TY OR TOWN OF D	DEATH		. S . A		RSING HOM	WIDOW		DIVORC		BALOCCI	altin	Ore (City	ND OF BU	MD.
N	A HE HAVE				(IF NO	TIN SUCH FAC	ILITY, GIVE S	TREET ADDRESS)				FOR A	MOST OF WO			Of	R INDUST	
-	999	USU	Baltimore	NURSING HOME O	R OTHER INST	TITUTION, GIV	E RESIDENCE	Grove	IONI	.5								
200	SEE SE		id.	136 COUNT	IY	Action (Property lies	Ba Ba	or town	ore	13d. INSIDE (NO [1 5 1 5	11	h ^s à 1 g	rove	Ave	21:	215
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TON	VALUE ON ALL ON			IMMEDIAT				ioscle		caro	Hovas	сша	r_dis	sease	7			
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3.	OR LE TREME			ing the under-	4		AS A CON	ISEQUENCE	OF	1.6				rsin'i				
. 201	SE AL					(c)												
	NER. THIS CERTIFICATE SHOULD BE EXECUTED CATE, WRITING THE WORD "PENDING" IN PORWARDED TO THE CHIEF MEDICAL EXA TOR: PAGE 3 SHOULD BE USED AS A BURIAL. THE STATE DEPARTMENT OF HEATTH AND ME AND, 21201 PRIOR TO BURIAL, CREMATION,	z	PART 2 OTHER SIGNIFI	CANT CONDITIONS C	CONTRIBUTION	G TO DEATH B	UT NOT RELA	TEO TO THE TER	MINAL DISEAS	OR CONDITIO	N GIVEN IN PAI	RTTo						11111
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۵	THIS WARI PAGE 17ATE		AT WORK AT	WORK														
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	SEA SEA	1	2	0		//	/		M	.UASS				MINER	SIC	GNED_5	12011) /
	TO MEDICAL EXECUTE THE PAGE 4 SHOW TO FUNEAU AFTER DEATH BALTIWORE	4	(TYPE OR PRINT)	Mi Wi	lliam	M/Z	lane,	M.D.		ADDRESS_	111	Penn	St.		Ba	lto.M	D.	
	PATO PAR —	23 o. B	URIAL, CREMATION	N, REMOVAL 2	36. DATE		23c 1	NAME OF CE	METERY O	RCREMATO	ORY	23d. LO	CATION		(COUNTY	51	ATE
07/B4 25M	BP	24 C	Burial UNERAL DIRECTOR		6-3	2-87	M	t. Zi	on		250. DATE R			lown		C C IC LLA	Md.	
	DHMH - 17		arch Fu		Home	ADDRESS .	101	E. No	rth	Ave.	III	N 1	1007	7 1		idor . K		
	(VR A15 ME (5))	FI	arch ru	HC L G L	TO All C						00	14.7	1307	17	w. ww	0.00	0	





					STATE OF N	ARYLAND			
0011	117 2	918	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH CERTIFICAT		IENE 8 /	13	6 2 4
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ay be			ORPRINT) MAR	EL CC	HOOV	IFP		05 23 8	37 10:00 A
pag de		3. SEX		1 RACE	5. DATE OF BIRT	H	6. AGE (IN YEARS LAST BIR		
offe.			FEMALE	WHITE	MONTH	DAY YEAR	85		DAYS HOURS MIN
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deoth. P	26	D	NODE ISHAND	1150	MARRIED	NEVER MARRIED		IMORE	P
	WE	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NE	RSING HOME OR OTH	DIVORCED [12a USUAL OCCUPAT		IND OF BUSINESS O
of the	秋	72	ALTIHORE .	IF NOT IN SUCH EACILITY, GIVES	TREET ADDRESS)	U LARP	HOMENA	F WORKING LIFE) INDU	HOME
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24 h	100	13a S	112 VRAI		HORE YES	NSIDE CITY LIMITS?	11.001111	ZIP CODE	21
shin shin	2	14. FA	THER'S NAME	THE TONIE		OTHER'S MAIDEN NA	ME ME	WI	CKEL
d wit	192	7	LOUIS	MIDDLE LAST	UTH	CATHER	MIDDLE MIDDLE	KI	WILE
E Co	0	16n V	VAS DECEASED EVER IN U.S. AF			IFORMANT	ADDRI	SS	1/1/120
o o o	82		ES, NO OR UNKNOWN) (IF YES, GI	WE WAR OR DATES) 215-07-		HOSP. REU	nene 301	DI 3. HAN	INVIER ST
e pe	0	\vdash	NO	<u> </u>		HOUT KELL	71183 SC		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
icate hysic oval	ant, t		PART I. DEATH WAS CAUSE	nly one cause per line for tal, (b ED BY.	NID-RES	P, PATO	RY. COLLA	PEF BEI	30 Min
ertif 19 p	, e	10	IMMEDIA	TE CAUSE (a) LAK	DID-KUS	TINFIDI	CUARA	132	SUMMA
oth o endir	Total			DUE TO, OR AS A CONS	EQUENCE OF			1000	
dea	20		Conditions, if any, which gave rise to immediate	(b)	MI				
the the	her		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EOUENCE OF				
that the	or oth			(c)					
uires igne en p	دم.	z	PART 2 OTHER SIGNIFICANT			ELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART Ita
requery the second	<u>ic</u>	9		BEHY DRA	TION		Teltonewa	Ton Investment	5.000
low ermine	. 6 J	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WA	PERFORMED	20a AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA	AUSES OF DEATH?
The cian.	3/	Ī					YES NO	YES 🗌	NO 🗷
ICIAN: T g physici entificate ial-transintal Hygin	18	3	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR	10W INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART I OR PA	ART 2)
4YSICIA ding pl is certif buriol-t Mental	E	S	(IF EITHER, NOTIFY MEDICAL EXAMINE		19				
PHY endir this		MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM ETC)	OCATION STREET	CITY OR 10	OWN COUN	NTY STATE
of officer	rked	1	AT WORK NOT WHILE					,	
A A	E S		22a. I certify that (I) (this hosp	ital) attended the deceased fr		19.87		19.07	, that (I) (we) la
ATTEN Spiral SCTOR d for u	21:		saw the deceased alive or	n 23 HAY at) wew the body after death.	19.87 , and that	in (my) (our) opinion	death occurred an the d	ate and havr and fro	m the causes stated
OR ATT	E		22b. SIGNATURE	S A	DEGRE	E		22c.	DATE SIGNED
E 0	=		WHO	ALT	H.D	ATTENDING PHYSICIAN	MEDICAL STA		5/23/87
by 11 by 11 VERAL	Z/		174. PHYSICALH STLAME TUNE	2 politing		ADDRESS			700014
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of of other other of the other	N N	730	URIAL, CREMATION, REMOVAL		23c NAME OF CEMETI	RY OR CREMATORY	23d LOCATION		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9.0			SPECIFY BURIAL	May 27, 1987	GLEN HAVE	M.A D	CITY OR LOWN	WE ALOUNTY	ARUNDEL Y
BP		74 F	INERAL DIRECTOR	111/17 01/1101	AL MANNER	- I Count Inter	E REC'D. BY REGISTRAR		
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(VRA 15,	4)	11/1	CUNNY TIMEPRI	HAMES YAS	CADENA MI	21172 VIA	1 21 1001	1	



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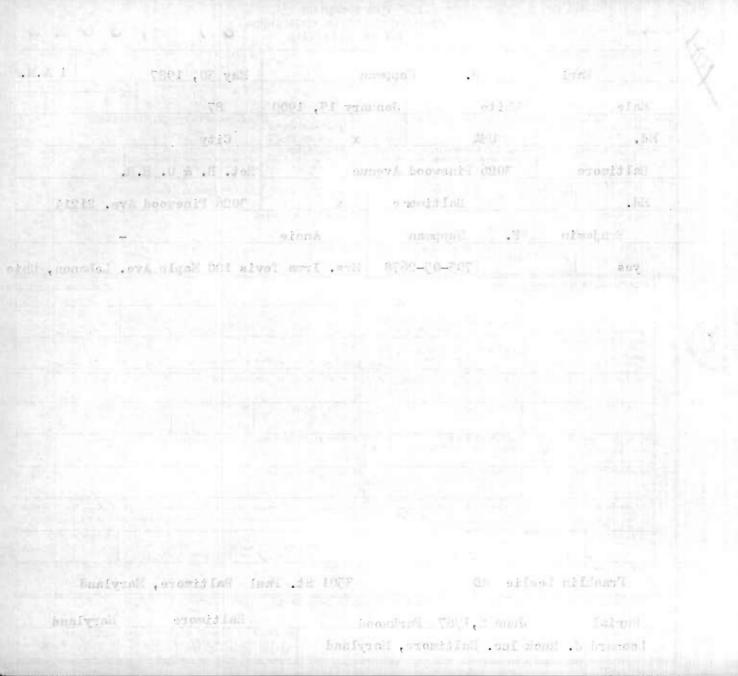
STATE OF MARYLAND

FOR		DEPART	rment of h	EALTH AND MENTAL HYG	IENE 2 7	1	2 5	1
STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D	, 0	Great West
1. DECEASED NAME FIRST	MI	IDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT) Earl	В		Hoppma	n	May 30. 1	987		1 A.M.
3 SEX	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
Male	White		Janu	ary 15, 1900	87	YRS.	IHS DAYS	HOURS MIN.
Ja BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY	2 1		9 BALTIMORE CITY O		DEATH	
Md.	USA		WIDOWE	DINEVER MARRIED DINORCED	City			MD
10 CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSI	ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
Baltimore		Pinewoo	_	110	Ret. B. &		INDUSTRY	
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION C	GIVE RESIDENCE BEFO	RE ADMISSION)					
Md.	UNTY	Baltim		13d INSIDE CITY LIMITS?	3026 Pine		010	214
14 FATHER'S NAME		Dai tim	or e	15. MOTHER'S MAIDEN NAM		woou Av	e. 212	214
FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	
Benjamin 160 WAS DECEASED EVER IN U.S.	PMED FORCES?	Hoppman		Annie 17. INFORMANT	ADDRE	SS	•	
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)						T 1	01
yes		705-05-		Mrs. Irma Te	Vis 100 Map	le Ave.		
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per l SED BY:	0		1-1			-	MATE INTERVAL
IMMED	IATE CAUSE (a)	ander	Resp	- frollere			unh	schrole
		AS A CONSEQU						
Canditions, if any, which gove rise to immediate	(b)	COP	D				3	grs
cause (a), stating the	DUE TO, OR	AS A CONSEQU	UENCE OF		1 -		1	
underlying cause last	(c)	Ant	· Can	des uesula	- melice		50	Mus
	T CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Tio	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING						Van unung in		
S 190 DATE OF OPERATION	196. CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
RIL					YES NO	YES [NO 🗌
OD CONTRIBUTION TO CAUSE OF			DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)	
OF EITHER NOTIFY MEDICAL EXAMI		۸.	19				Lak	
(IF EITHER NOTIFY MEDICAL EXAMI	21e PLACE C	OF INJURY	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
WHILE NOT WHILE AT WORK								
220.1 certify that (1) (this ha			1000	19.86	, to			that (1) (we) last
sow the deceased alive abave, (l) (we) (did) (did	nat) view the bady o	after death.	, 01	nd that in (my) (our) apinion	death accurred an the d	ate and haur on	nd from the o	causes stated
27b. SIGNATURE				DEGREE			224 DATES	SIGNED
Bulle	E. Ker	lié		ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌		
224 PHYSICIAN'S NAME (TYP				22e ADDRESS				
Franklin I	eslie MD			3501 St. Pa	ul Baltimo	re, Mar	yland	
230. BURIAL, CREMATION, REMOV	AL 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
(SPECIFY) Burial	June 2	1987 F	arlwa	d	Baltimore		Maryl	
24 FUNERAL DIRECTOR				250 DAT	E REC'D. BY REGISTRAR	1 1 2	R'S SIGNATI	URE
Leonard J. R	uck Inc. 1	Baltimor	re, Man	ryland JUN	V 2 198/	Ten Arm	idem. Ra	indall

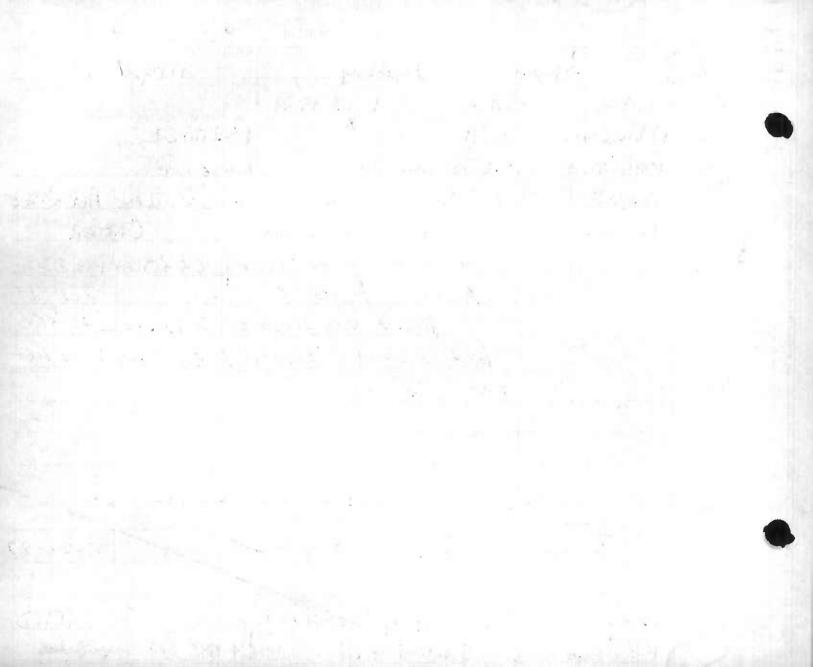
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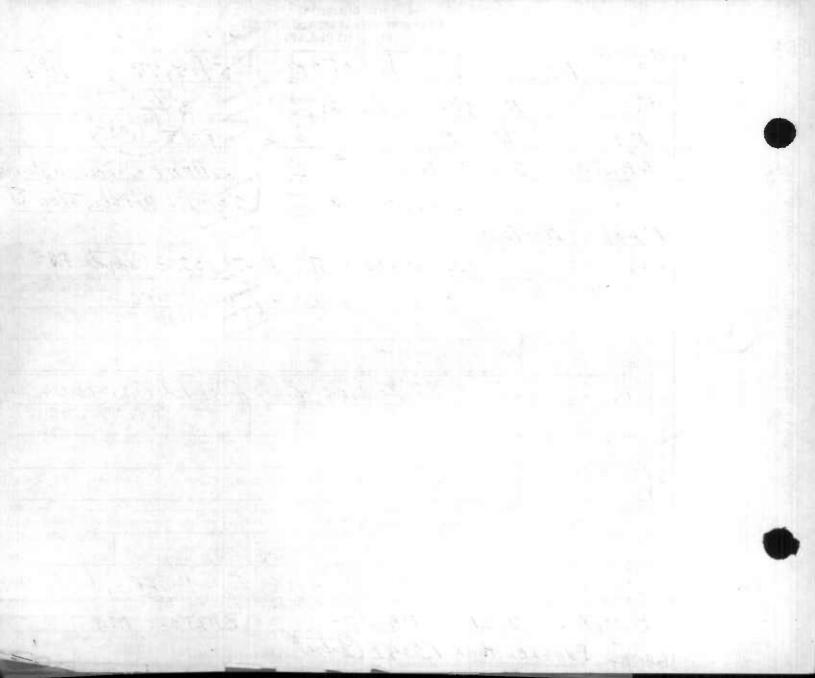
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	1			STATE OF MARYLAND		
	1.	FOR STATE	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7	13626
5 2 5 2 JUN-2	N.7	REGISTRAR CEASED NAME A FIRST	MIDDLE	LAST	REG. NO.	TH, DAY YEAR 2b. HOUR
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poog p	3 SE	× 940	A I RACE	5. DATE OF BIR H	6 AGE (IN YEARS LAST BIRTHDAY	
oge 4 r	1	emale	BLACK	MONTH 13 DAY 1929	58	MONTHS DAYS HOURS MIN
merol d mr72 ho	100	RTHPLACE ISTATE OR FOREIGN	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	OUNTY OF DEATH MD.
ofter of the fundament	100	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFET INDUSTRY
hours hours	USU	AL RESIDENCE HIF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE			
AND 34 lin 24 li	M	GRULANS	NTY 13 CITY OR TOWN	YES NO	130 STREET ADDRESS	LAND ALVERZIZOS
MARYLAN MARYLAN MARYLAN Marylan Exommery Exommery	1	THER'S NAME FIRST	MIDDLE	15. MOTHER'S MAIDEN NA	MIDDLE	CARTER
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECUR		ADDRESS	
BALTIMORE, Cote be xecu ysicion and copers, order vol.			220-20-1	1970 KeginAld Ho	Rey 1016 R	TLANT AVE 21205
physicie physicie novol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a , (b), and ED BY:	Acrel da		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S ert			TE CAUSE (0) The Te	175 YSTOR	/	Soconds
PRESTON he death c emove cart mation, or r froumatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	LES WY a Corn	Sal Tufar	ction 4-6HVS
PRES he of motion		gove rise to immediate couse (a), stating the	(b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	off tool 1		0,00
that that the base real		underlying couse lost	DUE TO OR AS A CONSEQUEN	Peroto Curona	ry Avery T	sease 5-10 45-
RDS, 301 equires the signed k Then plea to burral, njury, or o	N N	PART 2. OTHER SIGNIFICANT	conditions contributing to b	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0
RECORDS, low requir to as been signermit. Then the prior to be to sony injury	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH (DPERATION WAS PERFORMED	20a AUTOPSY? 200	IF YES, WERE FINDINGS USED
ALR Iche Iche Iche Iche Iche Iche Iche Iche	TIE				YES NO	CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \(\bigcup \)
VIII		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 210 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2)
SICIA ng placetiff certiff virial-transfer lem	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)) P.M.	19		
IVISIO	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a I certify that (I) (this haspe	not oftended the deceased from	8/34- 1959	105-20-	, 19 <u>97</u> , that (I) (we) lost
R ATTEND hospital or hospital or hed for use ept of Head for use tem 21 is m		saw the deceased alive an above, (1) (we wind (did no	of) view the body ofter death.	Z, and that in (my) (our opinion	death occurred on the date o	nd hour and from the couses stated
OR AT DIREC Oched B Dept		226. SIGNATURE	110	DEGREE	1.	22c. DATE SIGNED
		alege	- Hi Canen		DIRECTOR PHYSICIAN	0 5-23-87
HOSPITAL imed by th FUNERAL wild be dett b the Stote		224. PHYSICIAN'S NAME TYPE O	OR PRINT)	22e ADDRESS		
TO HOSPITAL retained by 11 TO FUNERAL should be det with the Stote	220 5	URIAL, CREMATION, REMOVAL	1226 DATE 122 AL	AME OF PERSONAL OF COLUMN	Tan to carron	
BP	130	SECIFY)	236. DATE 236 N.	ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/73	24 FI	INERAL DIRECTOR	10 00 0 1 150		E REC'D. BY REGISTRAR 25b. I	REGISTRAR'S SIGNATURE
(VR A 15 (4))	19	LOCA turopal	Homo 52000	lock od nik	10 1 1987 /	e Divideon Pendage



		STATE OF MARYLAND
	1-	FOR STATE CERTIFICATE OF DEATH 8 7 1 3 6 2 7
0539A2 MAY 10	1 /000	REG. NO.
noy be	(TYPE	CEASED NAME NASH B. HORTON 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR SINGLE OF PRINT)
r, po	3 SEX	MONTH DAY YEAR , MONTHS DAYS HOURS MIN.
_ g = 1		NEGRO 12 21 20 58 YRS. MONTHS DATS MOUNTS MIN. RTHPLACE (STATE ORFOREIGN TO CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH
72 he		MARRIED NEVER MARRIED BOLTS. CITY MD.
10 Marie 100	10 CJ	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 120. USUAL OC
VD 2130	USUA 130 S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136 COUNTY 137 CITY OR TOWN 136 INSIDE CITY LIMITS? 130 STREET ADDRESS 130 STREET ADDRESS 130 STREET ADDRESS 130 STREET ADDRESS
ARYLA Cabinaly 1	14 FA	THER'S NAME FIRST IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
ORE, M.	JY	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT HOFTON 5223 CASQUE ANE ES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-20-5716 KETH HOFTON 5223 CASQUE ANE
WILL TO THE TAXABLE PROPERTY.	X	18 CAUSE OF DEATH Enter only one couse per line for for , b), and ic 18 CAUSE OF DEATH Enter only one couse per line for for , b), and ic
N ST., Bu		PARTI. DEATH WAS CAUSE OF TOSSIBLE HELLTE MYDEAR DIAL
10 T		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ()
		gove rise to immediate couse lot, stating the underlying cause lost
C 201		PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11(s)
ORDS, requirements of the boar to be reported by repor	NO.	INSULIN DEPENDENT DIABETES, EMPHYSEHA CIRKHOSIS OFLINER
nt RECO	CERTIFICATION	IN DATE OF OPERATION IN CONDITION FOR WHICH OPERATION WAS PERFORMED TO AUTOPSYT IN LET YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
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			STATE OF MARYLAND		mia s s
	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	3 5 2 5
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may be page 3 rer death	Aen	es Elizab	eth Houck	05-24	
a bo	3. SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	a. AGE	IF UNDER I YEAR IF UNDER 24 H
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s 4 = 6	USUAL RESIDENCE (IF NURSING NOM	E OR OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)	4	
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(min) 12	1) FATHER'S NAME		AST FIRST	MIDDLE	LAST
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250 DATE REC'D. BY REGISTRAP 256 REGISTRAR'S SIC

22¢ DATE SIGNED

21205

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CERTIFICATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

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Gladden Kurtz

24 FUNERAL DIRECTOR

FOR

- STATE

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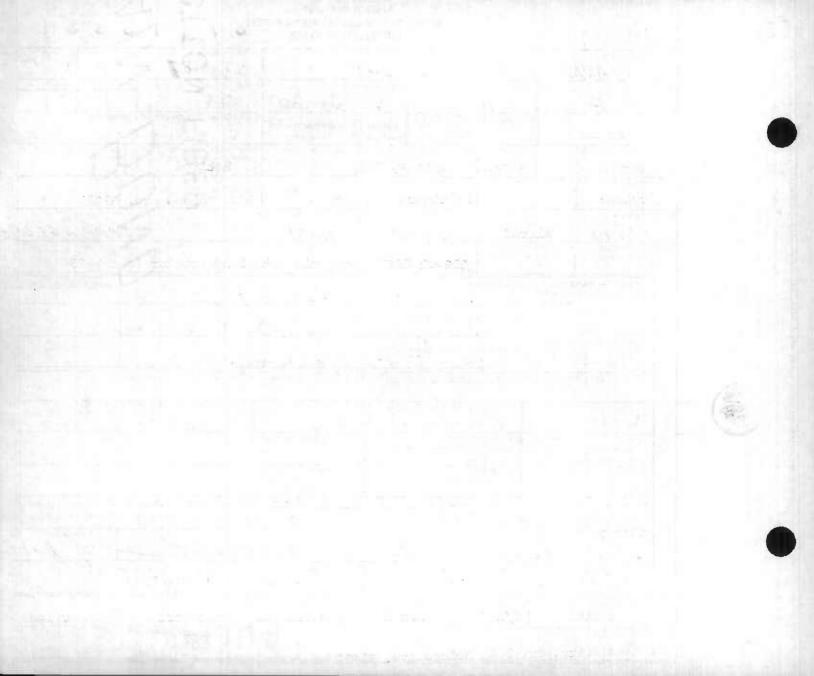
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OR A POS	ched Dept.		226. SIGNATURE		/	HOTE T	DEGREE ATTENDING	, MEDICAL STAF	c	22c. DATE	
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DHMH - 16		24 FL	JNERAL DIRECTOR		ADDRESS			TE REC'D. BY REGISTRAR	256 REGISTRAL	R'S SIGNAI	
(VRA	15, 4)	l J	ohn C. Miller.	.Inc. 64	15 Belai	r Roa	d-21206 MA	V 1 1 1987	Julia Das	ndern-K	andals

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24 FUNERAL DIRECTOR

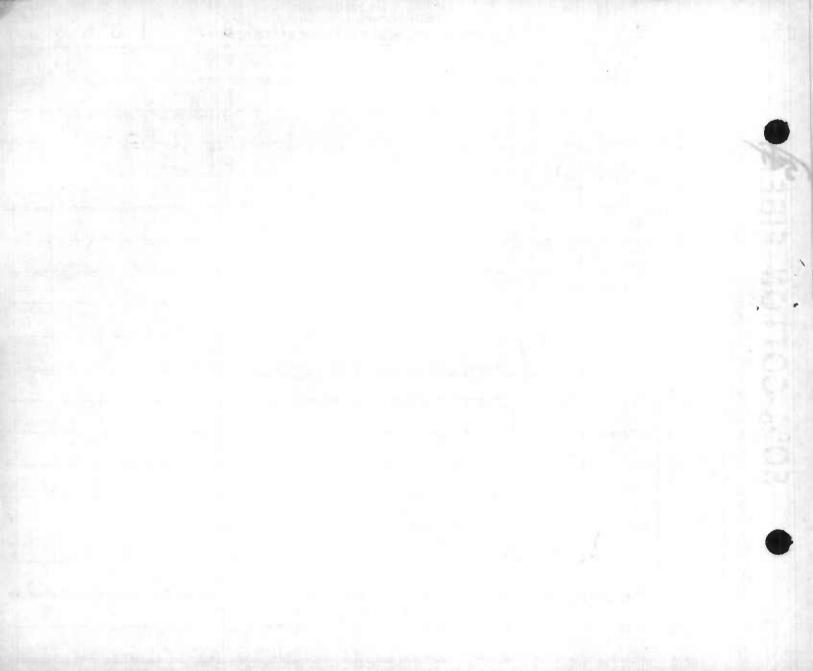
Alan Seitz, Jr. 3818 Roland Ave. 21211

BY REGISTRAR 25) REGISTRAR SISIGNATURE



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1985	13a S	TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES 🖔 NO 🗌	13. STREET ADDRESS / 825 White	ZIP CODE e lock St.	21217
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NG PHYSICIAN The low requires that the death certifical is required uiting the outending physician. When this certificate has been signed by the outending athyrician and certificate has been signed by the outending athyrician and certificate has been signed by the outending athyrician and certificate has been signed by the certification of the buried transit permit. Then please remove cortain and mental Hygiene prior to burial, cremation, or removal and Mental Hygiene prior to burial, cremation, or removal and the statement or section of the statement of the s		Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last	DUE TO, OR AS A CONSEOUR	NCE OF		HIV PUSITIVE		
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The law re- icton. In his permit: I also a shows any i	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
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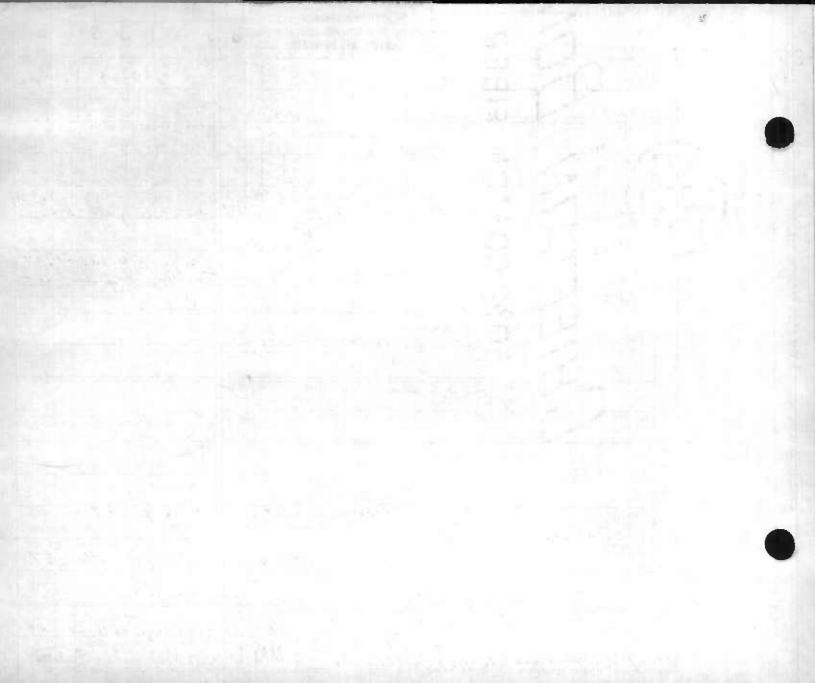
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	S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	3 SEX		4. RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YEARS	IF UND		JNDER 24 HRS	PRONOUN	ICED	MONTH D	AY YEAR	2d. HOUR 3:00
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	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE. WR PAGE 4 SHOULD BE FORWARD TO FUNEAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	23a. Bi					AME OF CEME				LOCATION	u1.co. /			
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ge 4 moy scho, po is ofter 4	1.56	female	CAUCASIAN 5. DATE OF BIRTH MONTH DAY YEAR 4 93 YRS.	DER LYEAR IF UNDER 24 HRS
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1 135	1	nd.	Sections YES B NO 101C Auch Beech	sell are.
1 12	1	THERS NAME	Luber 15. MOTHER'S MAIDEN NAME MIDDLE	2 LAST
Pundon Market		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	IRMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SOCIAL SIVE WAR OR DATES 19-22-3419 Par In Campulata CAR Sha	Picke Doing
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thought be with the S		HARRY D	KNIPP mis. 5411 old Fredericke Rd.	21229
BP	4	URIAL CREMATION REMOVE PREATURE	5-11- 1987 Watness Trem Sh Catourville Su	1. Co. 20.
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STATE OF MARYLAND



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STATE OF MARYLAND

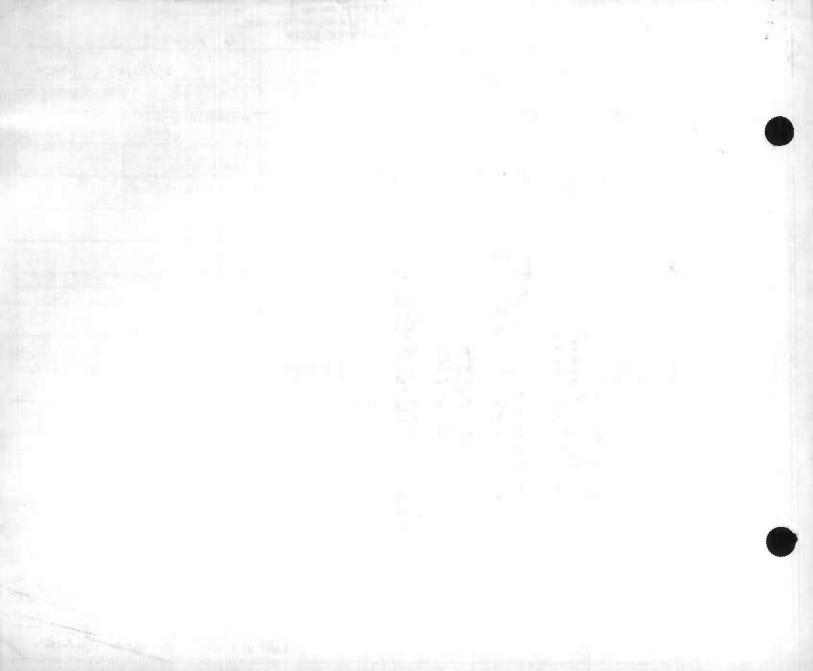
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1	HOWA	RD	HEN	RY H	UMMEI	IL				05/21/		002	
3. SE	X	2	4. RACE		S DATE C		YEAR	6 AGE INY	EARS LAST BIRTH	(DAY)	ONTHS DAYS	HOURS	24 HRS MIN,
	Male		Wh	ite	Ju1		1927		59	YRS			
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED 🗆	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH		
	New york		U	.S.A.	WIDOWE	_	ORCED T	BALTIM	ORE C	ITY			W
I CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INST	TUTION	12a USUAL	CCUPATIO		126 KIND O	F BUSINE	ESS OR
BAI	TIMORE CIT	Y		NES HOSPI					oldier			itar	y
30. S	AL RESIDENCE (IF NURS	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CI	TY LIANITS?	13e STREET	ADDRESS /	ZIP CODE			
	aryland	Bal	timore	Woodlaw			NO Ex		Fairb		Rd 212	07	
MEA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S			MIDDLE		LAS		
1	Henry		WIDDIE	Hummell		An	na na		WIDDIE		Cole	1	
	VAS DECEASED EVER			16h SOCIAL SECU	RITY NO.	17 INFORMAT		1020	O ADDRES	175+h	Stree	+	
	YES, NO OR UNKNOWN)		WAR OR DATES)	149-12-	9969	Karen	Anders				s 6606		
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1630 Edmondson AVE. Catonsville, Md. 21228

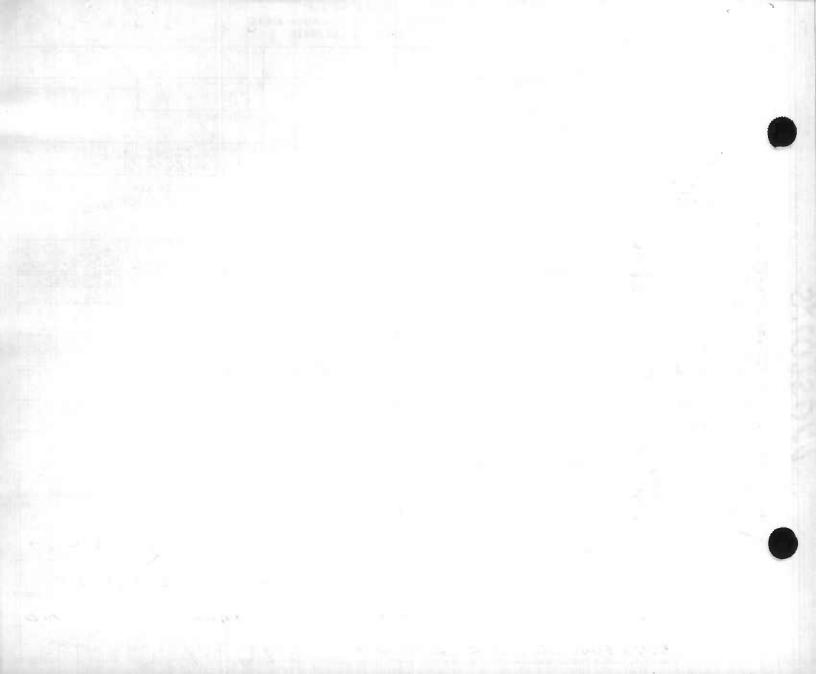
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the bunal-transit permit. Then please remave as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

APORTANT: If them 21 is marked or them 18 shows any



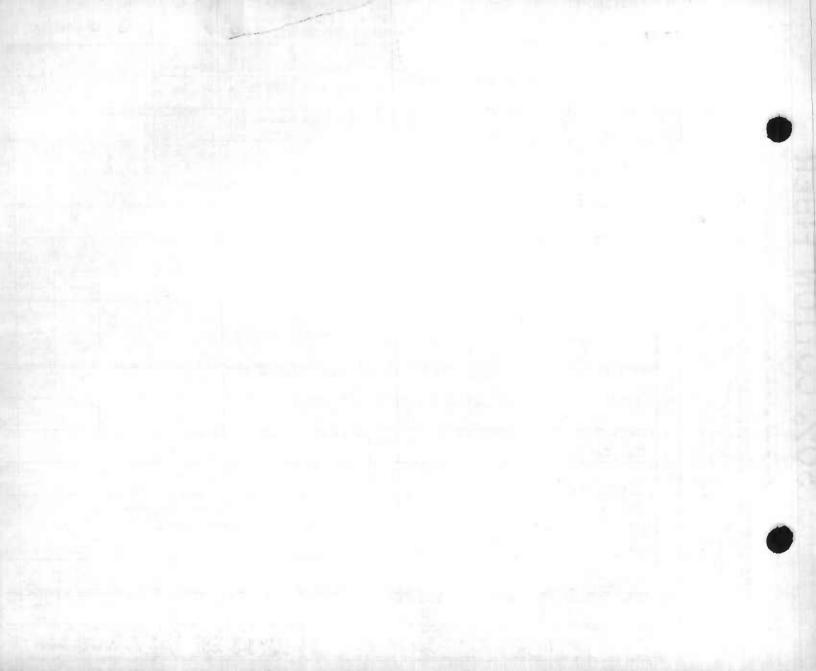
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH 26 HOUR 55 (TYPE OR PRINT) RESSIE HUNNICK 4 RACE IF UNDER 24 HRS & AGE HIN YEARS LAST BIRTHDAY IF LINDER LYEAR temake WhiTe 100 - 13- 03 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 12n USUAL OCCUPATION INDUSTRY unemployed AL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CATY OR TOWN 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0). super verstucu Conditions, if any, which gave rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NOF 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PM LIF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM, ETC.) STATE 220.1 certify that (1) (this haspital) attended the deceased fram-saw the decayred alive on ______ above. (I) (will) (did not sew) the body after dec and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated DEGREE 22c DATE SIGNE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be LIBERTY MEDICAL NORA 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY BURIAL BA STO. MO 25a DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 TS FUNERAL 1129 N. CAROLINE ST (VRA 15, 4)



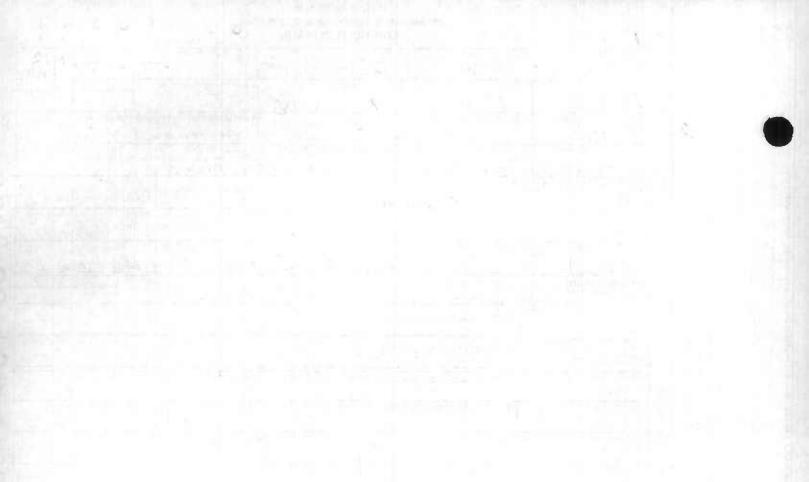
STATE OF MARYLAND

	1	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	BIENE / REG. N	0.
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y be		MAR	Y	IPES		5/31/87 6 %
fer po	3. SE	X = 41	PACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
oge ours o		TEMALE	Cave	13 17 90	97	YRS
oth. Po	76. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH
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filled ould b	1	PRV AND THE COUNTY		MN 134 INSIDE TY LIMITS?	130 STREET ADDRESS	F. Menomit Ace
withir d 2 sh	fit.E	ATHERS HAME	DLE LAST	15 MOTHER'S MAIDEN NA	ME	C // LAST / -
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ore sper		18 CAUSE OF DEATH (Enter only o				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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PHY tendin the bis and M	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC) 21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
A the office of the orke	1	AT WORK NOT WHILE AT WORK		1/10/00 00		
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Spital Spital Spital for u of Ho		sow the deceased alive on obove, (1) (we) (did) (did not) v	new the body ofter death.	87, and that in (my) (our) opinion	death occurred on the d	ate and hour and from the causes stated
hospin hospin likeCT ched for oppt of them 2		226 SIGNATURE	0 -	DEGREE		220 DATE SIGNED
NAL D		W. 15.	1	ATTENDING PHYSICIAN	MEDICAL STA	
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Or	24 F	UNERAL DIRECTOR	1 1	11/100	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNARIES
DHMH - 16 60M 7/B4	1	- NAME / / 7	ADDRESS	LOURING III	N 9 1007	1.1 M. S.
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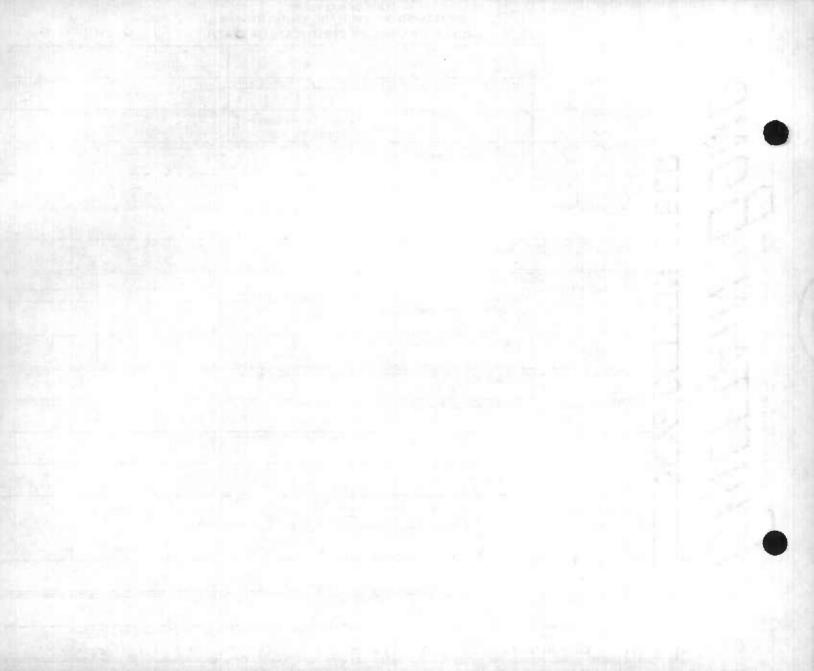
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 05353211 MEDICAL EXAMINER'S CERTIFICA REGISTRAR 1. DECEASED NAME DATE KNOWN IX MONTH (TYPE OR PRINT) ESTI-19 87 **AGATHA JACK** 30 DEATH MATED 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED female black 1987 1934 4 TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City Trinadad WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore Sinai Hospital Rea Nurse USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13d. INSIDE CITY LIMITS? 13b. COUNTY 21215 Baltimore Maple 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDOLE LAST Unknown Unknown 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. YES, NO. OR UNKNOWN Florence (Johnson) 215-58-3288 3502 W. Belvedere Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) "Hief medical Examiner Along W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, I RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L. O. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NER: THIS COMMANDED TO THE CHIEF E FORWARDED TO THE CHIEF TOR: AAGE 3 SHOULD BE USE TOR: AAGE DEPARTMENT OF 1 NOX 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE A SHOUD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK Inspection X 22a I certify that I taok charge of the remains described above, held on Natural causes X Hamicide Undetermined manner TITLE (SPECIFY) Deputy Chief ACTUAL DATE 5-1-87 SIGNATURE SIGNED EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Mt Zion Cemetery Landsdown 5/14/87 Md 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H West 4300 Wabash Avenue ulia Davidson Pandage (VR A15 ME (5))



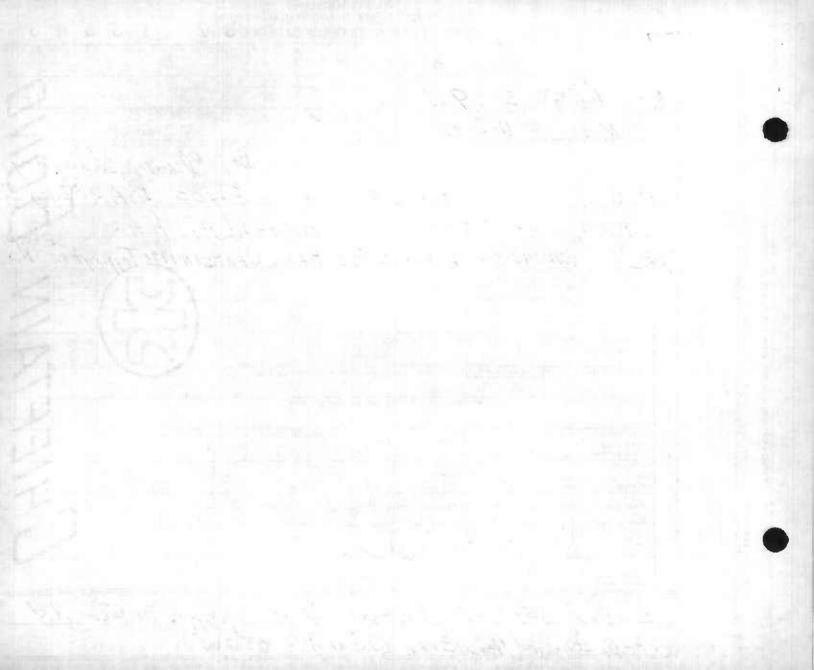
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or of He		saw the deceased alive on	3-3-	(3),000 / 1		ote and hour and from the causes stated
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	/Ja.	BURIAL, CREMATION, REMOVAL	23b. DATE 5/7/87	Saint's Rest Cem	23d LOCATION Harmon	COUNTY STATE MC
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	H 11+ 1000 AODRE	Sabash Avenue MA		25b. REGISTRAR'S SIGNATURE
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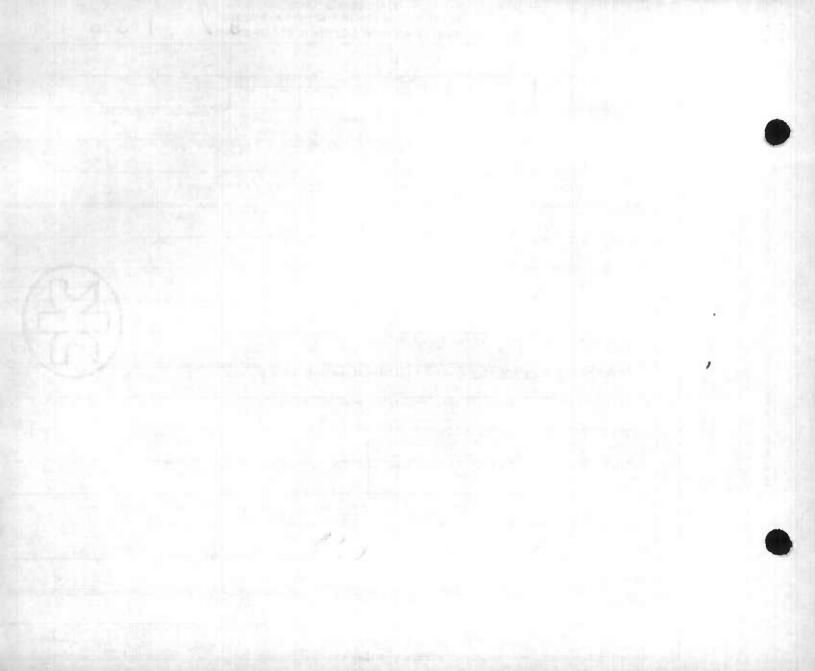
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BALTIMORE, MD. 2120) S AFTER DEATH. IF GIVE PAGES 1, 2, HITH FORM PM 3, PAGES 1 AND 6, VISION PENJIM.	100	(YES, NO, OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)						77.0
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WE'S A STANDARD	E-	EXAMINER'S NAM	Ann M. Dixo	on, M.D.	ADDRESS_1	111 Penn	Street		
TO MEDICAL EXAMI EXECUTE THE CETTIF TO FUNERAL DIRECT AFTER DEATH, WITH	Z 230	BURIAL, CREMATION, REMOVA		23c. NAME OF CEME	ADDRESS	PRY 123d LC	DCATION		
07/84 BP.		(SPECIFY) Burial	5/27/87		Ridge Ceme		alto	COUNTY	Md
25M		FUNERAL DIRECTOR			2		Y REGISTRAR 256. REG		
DHMH - 17 (VR A15 ME (5		m. C. March F/1	H West 4300	Wabash Aver	nue	MANY OF	1007 1	a Divideon	. Landalli



			FOR		DEPARTA	STATE	OF MARYLA		CIENE				
0535	21 1111	1-	STATE R#GISTRAR		MEDICALE				484 T Z	REG. N	3	6 4	3
0.00	O I LELI	1. DE	CEASED NAME FIRST		WIDDLE		LAST					DAY YEAR	2b: HOUR
	SS	(TYP	E OR PRINT)	DONA	ALD H	JACK	SON		OF DEATH	KNOWN ESTI-	3	2-879	
	FILE	3 SE)	4 RACE	S. DATE C	OF BIRTH	. AGE (IN YEARS			4 HRS 2c. DATE		HINOM	DAY YEAR	
	POINT DIRECTOR SOLVE	1	1, WEGRO	MONTH	29/25	LAY BIRTHDAY) LYRS.	MONTHS DAYS	HOURS	MIN PRONOU!	(CED	5-1	2-8719	8:20A
	SAIN Y VENT		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZE	N OF WHAT COUNT		MARRIED NE	EVED AA ADDIE	9. BALTIN	ORE CITY C		TY OF DEATH	
	F ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. POULD BE FILED, WITHIN 72 HOURS RECORDS 20 W. CRESTON STREET,		Md.	u	· S. H		VIDOWED [DIVORCE	□ Ba	ltimor	re Ci	ty	MD.
	Y IS SEED V		TY OR TOWN OF DEATH	(IF NOT	E OF HOSPITAL, NUR. IN SUCH FACILITY GIVE STR Barclay		OR OTHER INSTITU	NOITU	POR MOST OF YOU	PATION (TYP	PE OF WORK	OR INDUS	
	DELA PRESENTATION OF PRESENTATION OF PRESENTAT		altimore IL RESIDENCE (IF IN NURSING HOME O	340					My (eans.	9	Laur	dry
21201	A SEE SEE	130 S	TATE 13b COUNT			OR TOWAL	13d. INSIDE (13e SEREET ADDRE	55 7	ROS	13/19	065
MD. 2	- 45 8 3 3 E	14 F/	IHER'S NAME	1	DE	7/10	YES YES	NO L	340.	5 4	27	KLLI	120
	至-15000		DAVID C	MIDDLE	KSON"	ST	A	DAO	1/ 0.	AIDDLE L	AN	SAME	
MOR	S S S S S	160. V	AS DECEASED EVER IN U.S. ARA	AED FORC	ES? 166 SOCI	AL SECURITY N	IO. 17 INFOR.	MANT	PT.	ADDRESS	5	1	BROOM
BALTIMORE,	URS AFTER B. GIVE PAR WITH FOR WITH FOR J. PAGES 1	Y	ES NO, OR UNKNOWN) (IF YEY, GIVE	43-	CLIPAYS 21	912	8315 KA	ORL 6	JACKSON	11271	Ton	water	K.Y
	WIT. P.	7	18 CAUSE OF DEATH (Enter on	y one cous	e per line for (a), (b),	and (c).)						APPROXIMA	TE INTERVAL
PRESTON ST	2-054		PART I DEATH WAS CAUSED IMMEDIAT		Gunshot	wound c	f head					ot i with one	ET AIND DEATH
STO	O WITHIN 24 H PENCIL IN ITEN MINER ALON - TRANSIT PER ENTAL HYGIEN OR REMOVAL			DU	E TO, OR AS A CONS	EQUENCE OF					6-1		
			Conditions, if any, which gave rise to immediate)	(b)					1			
201 W.	XECUTED WITH VG" IN PENCIL SAL EXAMINE BURIAL - TRAN AND MENTAL ATION, OR RE	18	couse (a) stating the <u>under-</u> lying cause last.	DU	ETO, OR AS A CONS	EOUENCE OF						/ 1	
	XECUTED JG" IN PI SAL EXAV BURIAL - AND MEI	00	BAPT 2 DINER CICNICICANT CONDITIONS		C)	- 70 THE TERMINA							
RECORDS		z	PART 2 DTHER SIGNIFICANT CONDITIONS	DRIKIBUJIM	S TO DEATH BUT NOT RELATE	U IU IHE IERMINA	L DISEASE DR CONDITIO	ON GIVEN IN PART	1 104.				
2	PENDIF PE	CERTIFICATION	190. DATE OF OPERATION	196	CONDITION FOR W	HICH OPERAT	ION WAS PERFOR	RMED?				(HEAD'S	CNIT VI
ITAL	SHOULD ORD "PEI OR LIEF AN CHIEF AN CHI	IFIC										YESX	NO [
OF VIT	HIS CERTIFICATE SHARITING THE WORL ARDED TO THE CH CGE 3 SHOULD BE UNTE DEPARTMENT CO TOTAL PRICE TO BUR	CERT	210 EXTERNAL CAUSE WAS	216	TIME OF INJURY		21c. HOW INJURY	Y OCCURRED	ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PA		110 [
NO			UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH 87	OUR A.M. MONTH I	B7 19	subject	shot s	elf with	a 32	cali	ber hand	dan
DIVISION	CERTIF TING DED TO 3 SHC DEPAI 1 PRIO	MEDICAL	21d INJURY OCCURRED		PLACE OF INJURY	(AT HOME.	211. LOCATION						
۵		5	WHILE DOT WHILE AT WORK		ear bedroom		3403 Bar	clay S	treet			ore, M.D	STATE
	REST.	9	22a. I certify that I took charg	e of the rea	mains described of	PADONLY	Lutapsy X	Inspection	. Inquiry		nd in my aj		
	CHE THE THE THE THE THE THE THE THE THE T	Р.	death resulted from	al causes	Accident [Suicio	e X, Hami	cide .	Undetermined mo		, 0,	p.11141	
	CERTICE CERTIFICATION OF THE WARY		10,	-	dil	4.4	TITLE (S	SPECIFY)					
	R. A. H. C.		SIGNATURE PULL	Wee	- Whe m	ell	M.D. ASS	istant	MEDICAL EXAM	AINER	DATE	ED5-12-8	7
	TO MEDICAL EXAMINER; TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	1000	EXAMINER'S NAME MA	rgari	ta A. Kore	ell,M.D		111 P	enn Stre	et			
	EXEC PAGE TO F BALTE	23a.BI	(TYPE OR PRINT) JRIAL, CREMATION, REMOVAL 2:	b DATE	, I23, NA	ME OF CEME	ADDRESS_		23d LOCATION				
07/84	BP.	(5	Pecusy 1	5/16	5/87 1	Darre	abn F	220	ON TOWN	30 M	1 10	12. M	TATE
25M	DHMH - 17	24 FI	INERA DIRECTOR	1	ADDRESS	. 17	4 10	250. DATE RE	C'D BY REGISTRA	756 REGI	ISTRAR'S S	SIGNATURE	
	(VR A15 ME (5))	0	och stock	al A	1304	4,00	421/4	6	51266	/			



				, G-628, 6/10	0/87 EDADT	by STATI	EOFM	ARYLAN	ID ENTAL H	IVCIEN						
4669 1114]-	STATEMED.	Exam., / Gb			EXAMINE					- /	DEC.	3	6	4	del
1000 1111	1. DEC	EASED NAME	FIRST		MIDDLE			LAST			20. DATE	KNOWN	X MONTH	H DAY	YEAR	26 HOUR
20 00 00 E	{TYPI	OR PRINT)	LEWIS	3	G.		JA	CKSON		1 5	OF	MATED		23	19 87	A.
ACH DE	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR	IF UN	DER 1 YR.	IF UNDER		2c DATE		MONTH	DAY	YEAR	2d HOUR
N N N N N N N N N N N N N N N N N N N	1	male	black		948	38 YRS	MONTH	DAYS	Hours	MIN	PRONOUN DE AD		5	23	1987	2P M
SELECT OF		RTHPLACE (ST		76. CITIZEN OF WH			MAPPI	ED X NE	VED MADDI	IED 🗆	9 BALTIM	ORE CITY	OR COU	NTY OF		
聖皇皇	2	Md		USA		1.00	WIDOW		DIVORC		Ba	ltimo	re Ci	ity		MD
E E S	10. CI	TY OR TOWN	OF DEATH	11 NAME OF HOSP			OR OTHE	ER INSTITU	TION	12a USU	AOST OF WOR	PATION (T	YPE OF WORK	12b KI	IND OF BU	SINESS
		Baltimo		3401 Oa	kfie.	ld Ave.				1		KING EIIE			gamor	
28 01	USUA III. S	TATE	IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVI	RESIDENCE	OR TOWN		13d. INSIQE CI	TY LIMITS?	lise STRE	EET ADDRE	SS				
250		Md	-		Bal	timore		YES 🛚	NO 🗆	3	401 (Dakfie	eld A	iveni	ue 21	.207
1 E S		THER'S NAME		MIDDLE		LAST		15 MOTHE	R'S MAIDE	NAME	M	NDDLE		_	LAST	
る。		11iam		Н.		ackson,			ladys				-	Cam	ipbe11	
265	160. V	5, NO, OR UNKNO	DEVER IN U.S. ARA			AG OCA		17. INFORM		lasi		ADDRES	35	Apt	T2 Id Av	
2/-		No				-46-863	0	Gwen	dolyn	Jaci	KSON	340	11 Ua			
N. 10		18 CAUSE O	ATH WAS CALISED	ly one cause per line f DBY:											APPROXIMATE TWEEN ONSET	
ALON- ISIT PERA HYGIENI MOVAL		7999	IMMEDIAT	TE CAUSE (a) No				n								
ASIT ANOMA	- 2	Condition	s, if ony, which	DUE TO, OR A	AS A CON	ISEQUENCE OF										
TRANSIT NTAL HY		gave ris	e to immediate stating the under-	(b)	400424	ISEQUENCE OF								-		
MENTAL TRANSIT PER STAND OF REMOVAL.		lying cou		DOE TO, OK A	AS A CON	SEQUENCE OF								6		
BURIAL- A'ID MEI	- 7	PART 2 DINER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERMIN	AL DISEASE	DR CONDITION	N GIVEN IN PA	PT 1 (a)						
AAGE 3 SHOULD BE USED AS A BRIBAL-IT TATE DEPARTMENT OF HEALTH ALD MEN. 21201 PRIOR TO BURIAL, CREMATION, OR	NO	ACCES.														
T LEE	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	19b. CONDITI	ON FOR	WHICH OPERA	TION W	AS PERFOR	MED?			20 /57	- 54	20	AUTOPSY?	
PR /	F	70.00													YES X	NO 🗆
VAN S	CER		L CAUSE WAS	21b. TIME OF		DAY YEAR	21c HC	W INJURY	OCCURRE	DIENTERN	NATURE OF IN	JURY IN ITEM 1	8 PART 1 OR I	PART 2)		
OR J	140	CONTRIBUTION	OR OG CAUSE OF D	DEATH P.M.	5	23 19 87	St	ubject	used d	drugs.						
PRI	AED!	21d INJURY C	CCURRED	21e PLACE O STREET, FACTO			211. LOC	TATION			CITY OR TO	WN		COUNTY		STATE
TATED 21201	1	AT WORK	NOT WHILE X	d hor			340	01 Oakf	field A	Avenue		timore			Maryla	
E ST				e of the remains desc	ribed obo	ve, held an	Autops	y X.	Inspection	n .	Inquiry		and in my i	opinian		
DE ₹		death resulte	ed from Natur	rol causes ,	Accident	, Suice	de .	Homic	ide .	Undete	ermined mo	onner 🗓				
TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		a community	MA	0	1			TITLE (S	PECIFY)							
AH H	1	SIGNATURE_	/ NV	NI	X	/	M.	Dep	uty C	hief	ICAL EXAM	AINER	DATI	E _{VED} 5	5-24-8	37
WOE		EXAMINER'S	NAME TO	M Discon	MD		-	1	11 D-	nn C		2-1	ME	21	201	
ALTI	02.6	(TYPE OR PRIN	ATITY ATTENT	M. Dixon,				ADDRESS 1				salto.	· , MD	21	L201	
6.8	23a. Bl	Buri	ION, REMOVAL 2	5/28/87		ing Mem				CITY C	cation or town dalls	+ 0	co	YTHUC		ATE
011	24 FL	INERAL DIREC	TOR	3/20/0/	1 1	riig riell	01 10	rar	25a. DATE F	REC'D. BY	REGISTRA	R 25b REC	GISTRAR'S	SIGNA	TURF	Md
IMH - 17	Wr	n. C. M	arch F/H	West 4300	Wab	ash Ave	nue	845	MAA		7 4007		ia Da	order	. Kanda	et.



The word of the Massive Dealogit X 5/11/87 . The way of the pro-Ling P. DATTES, HIP

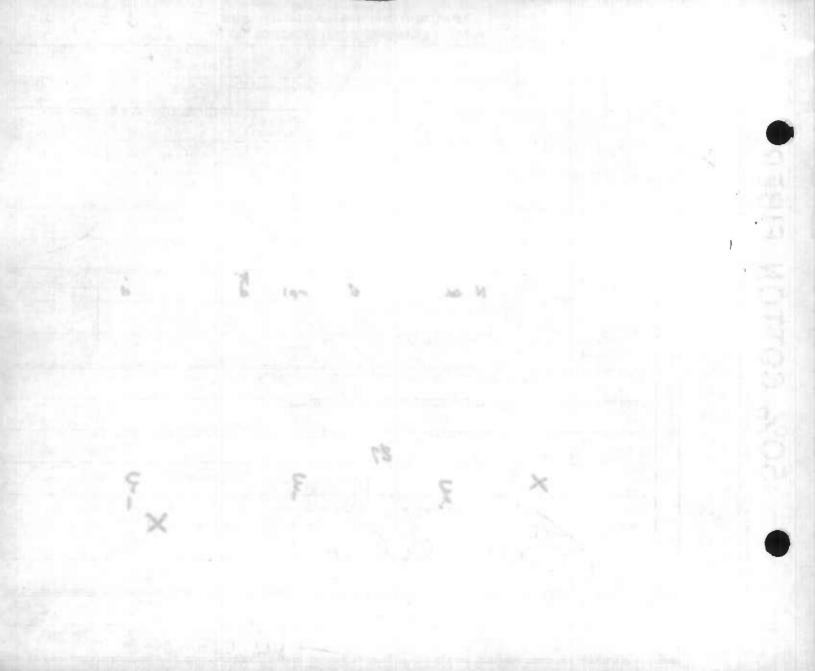
51	1			STATE OF MARYLAND		
284 A MY	- 20	FOR STATE REGISTRAR	The Edition	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
ి ఒక		CEASED NAME ERST	MIDDLE	TACINCOM!		MONTH DAY YEAR 16 HOUR 05 03 87 11-250
poge poge	3 SE	VIOLA	I4 RACE	JACKSON Ts. Date of Birth	6 AGE TIN YEARS LAST BIRT	- M
ector. p		FEMALE	BLACK	MONTH DAY YEAR 12 16 1900	86	MONTHS DAYS HOURS MIN.
Post Post Post Post Post Post Post Post	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		RCOUNTY OF DEATH MORE CITY MD.
X 4	/	BALTIMORE	11. NAME OF HOSPITAL, NURSI (IE NOT IN SUCH EACILITY, GIVE STREE LI besty Med	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATE LIVPE OF WORK FOR MOST OF RET. PRINT	
24 hours	USU 13a.		ROTHER INSTITUTION GIVE RESIDENCE BEFOR	READMISSION) NN 13d INSIDECITY LIMITS? NO [13. STREET ADDRESS /	ZIP CODE BALTIMORE, MO SOALE ROAD ZIZO7
npletely and 2 sh	14 F	ATHER'S NAME FIRST	S. COULBOU	RNE HELEN	AME	WATERS
nd con		LYES NO OR LINKNOWNI LIE YES GY	RMED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT MRS		MORE, MO. 21207
S. Po	1	NO.	214-40-	-7567 ELAINE FIE	405 3300 A	ILLSDALE ROAD
physical phy		PART I. DEATH WAS CAUSE	nly one cause per line lar (a), (b), o ED BY TE CAUSE (a) Cardio	- Pulmonary Ar	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ending e corba			DUE TO, OR AS A CONSEQU	JENCE OF	10 MF	
by the other of the contraction of the front		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO OR AS A CONSECU		dent.	
equires the signed the pless of	N N	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART I 10
on. he low re hos been to permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? YES NO	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
GLIAN: 1 g physic entificate inol-trons intal Hyg tem 18 sh	11	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18. PART I OR PART 2)
ottendin ter this is the bur hond Me	MEDICAL	214 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	EARM ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
TTENDIN pital or TTOR: Af for use of theolt		saw the deceased alive or	oital) ottended the deceased from, n	3/4, 19-87 87, and that in (my) (our) opinion	7, to	te and hour and from the causes stated
OR A DIREC Dept If Item		226 SIGNATURE	1 Nittal	DEGREE M.D. ATTENDING PHYSICIAN	_ MEDICAL STAF	22c. DATE SIGNED
PITAL by th ERAL Store detr Store	,	RAW FA	OR PRINT)	220 ADDRESS 2 600	DIRECTOR PHYSIC	IAN 3 3 5 0 1
O HOSPITA etoined by TO FUNERA should be de with the Sto		RAM LA	L MITTAL	Bal	1	1D 21215
BP	23e	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	-/-/-	NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OF TOWN BERLI	N, MARYLAND
	24			HOME, INC, 250 DA	TE REC'D. BY REGISTRAR	25b REGISTRAD'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	12	SOI GUIVAINS E	ALLS PKINY BAY	TO, MO, 217/6 N	AY 6 1981	Julia Divider Rendelle

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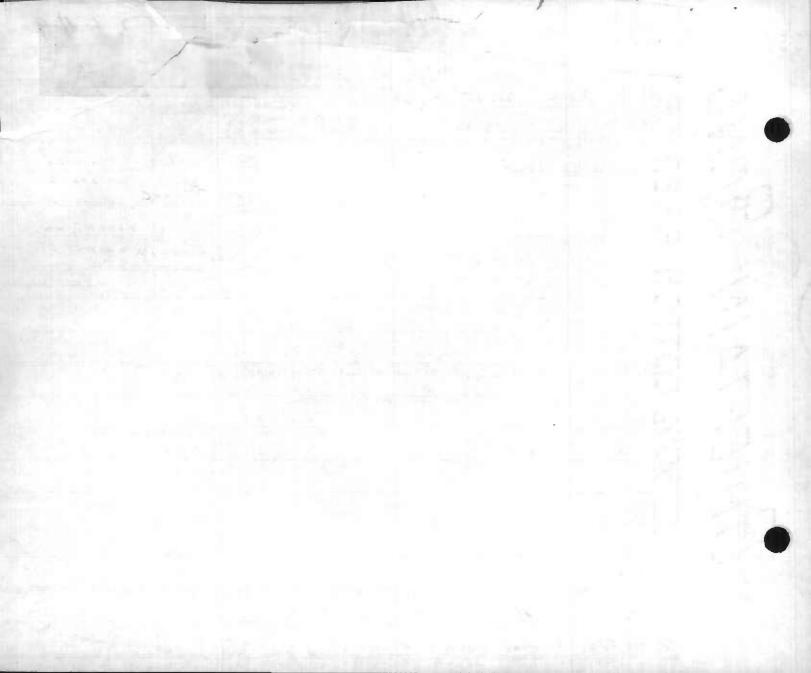
			1			STATE OF MARYLA	ND			
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10	Z 9 4	9 MAY 1	I hi	STATE REGISTRAR		CERTIFICATE OF D	EATH	REG. NO.	1 0	
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	y 6	poge 3	_	Walter	Louis	Jackson		3	687	326 B W
	8	G =	3. SE	X	4 RACE	5. DATE OF BIRTH	45.0	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	4	of of		11/2/2	Rlack	10 12	99	81	YRS.	7.00%
4	Pood	59 A/6		IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	pv2 1		BALTIMORE CITY OR CO		
	d the	112 9		COUNTRY)	usa	MARRIED NEVER M		R-11	11	
	9/	11 12 1	18 C	ITY OR TOWN OF DEATH	· · · · · · · · · · · · · · · · · · ·	WIDOWED DIV	ORCED	120 USUAL OCCUPATION		OF BUSINESS OR
	174	2: 5/	10	11: 11:	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)		TYPE OF WORK FOR MOST OF WORL	KING LIFE) INDUSTRY	51 003114E33 OK
201	2 5	34	1	3/house City	Francis S'co	off Rey		Kehre d	Com	evoir (Cod+
21	þ	21 27	130.	STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BI		ITY LIMITS?	3e STREET ADDRESS		Sept family
N	24	話えつ	1 /	n n			NO 🗆	1212 Hark	in Ave	21217
X	thin	In de	14. F.	ATHER'S NAME		15. MOTHER'S	MAIDEN NAMI	E		
AAR	3	32/201	P	Julius	Jacks Jacks	· · · · · · · · · · · · · · · · · · ·	FIRST	WIDDIE	marti	.51
Ä,	cute	0 0	160	WAS DECEASED EVER IN U.S. A			A	ADDRESS		na Drive
>6	e ×	ond oges			IVE WAR OR DATES)		. 1			
4E	ě	rs. P	-	NO	213-10-		cours	Kin-brough (-leve kind	Harz Opro
BA	1 co	ope ope ovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), (b)	, and (c).)			BETWEEN	XIMATE INVERVAL
CI.	7 =	ang ang	1		ATE CAUSE (0) Card	ac Arrest				
>Z	C 4	orio		8703	DUE TO, OR AS A CONSE	OUENCE OF	11.0			
EST	deo	ove non		Conditions, if ony, which	((b) Mul-	hisystem Orga	on Fai	ilure		
O.E.	F 2	mo mo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	1 0	A POST OF			44.7
\$ 3	01/	3131		underlying couse lost.	Major	Burn H2	olo Kri	Sty Surface Bre	2.	
20	X	1	10	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMIN		N GIVEN IN PART 1	(0)
Rejeated on Approval by Baltimore, Maryland 2120	111 3	25.1	Z	1 1 0	nosis Ponne	1	1 66	- Interet		
000		, IT	4 ¥	190 DATE OF OPERATION	19b. CONDITION FOR WH	01	RMED		IF YES, WERE FIND	INGS USED
N. E.	- 0	ws on	CERTIFICATION	4/21/87 4/21/0	70 R			INC	CERTIFYING CAUSES	S OF DEATH?
TAG	O THE O	shoy		7124181	21b. TIME OF INJURY	-	ILIBY OCCUPE	YES NO D (ENTER NATURE OF INJURY IN IT	YES 🗌	NO 🗌
25	AN	S T T S		OR CONTRIBUTING CAUSE OF DE	HOUR MONTH	DAY YEAR	JORT OCCURRE	(ENTER NATURE OF INJURY IN III	DOO	INGUIT
US	SS	uriol Juriol Juriol Hent	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN			tone m	res -	FICO	DEIVI
200	PHY PHY	d o o	AED A	21d INJURY OCCURRED	216. PLACE OF INJURY	ICE, FARM ETC.) 211. LOCATIO	N	A CHI DETONI	COUNTY	STATE
S	7 0 4	hor hor	7 5	AT WORK NOT WHILE	Home	1212	HARLER	1 HVE ISAL	10	OM
	20	S mo	+	220.1 certify that (1) (this has	pital) attended the deceased fro	m 4/16	19 87	10_5/6	19.87	that (I) (we) last
	TTE	for 10 P	~	sow the deceased alive a	n 3/10 ot) view the body after death.	9 8 7, and that in (my)	(aur) apinion de	offi occurred on the date on	d hour and from the	r couses stated
	OR A e has	DiREC Dept Them		226. SIGNATURE	on wew the body offer death.	DEGREE		ince try to	Th. DATE	FSIGNED
	the C	detoch detoch ere De		110hr 21	Maria		TIENDING	MEDICAL STAFF DIRECTOR PHYSICIAN (0/ 1	6/62
	PITA	87837	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		DIRECTOR PHYSICIAN E	y 13/	102
	10S	5448		1/2/ /	Maison	22.5		-1 1 11	n	2-1
	eto i	Mould be detected in the State of Important: If	-	Valene L	you More	100-5	Green	e St Dalhi	nere IV	
			230.	BURIAL, CREMATION, REMOVA		34 NAME OF CEMETERY OR CI		23d. LOCATION	COUNTY	STATE
	BP			Burial	5/9/87	Loudon PK. C	emeter	Baltimo	re	mo
		16 30M 2/80	24 F	UNERAL DIRECTOR	ADDRE	55	250 DATE	REC'D. BY REGISTRAR 26 R	EGIS MAKS SIGN	ALBERT .
	(VR	A 15, 4)	W	m. C. March F	14 1101 E.	vorth Ave.	MAY	8 1987 July		~

4-4-9---- THE B. YAM

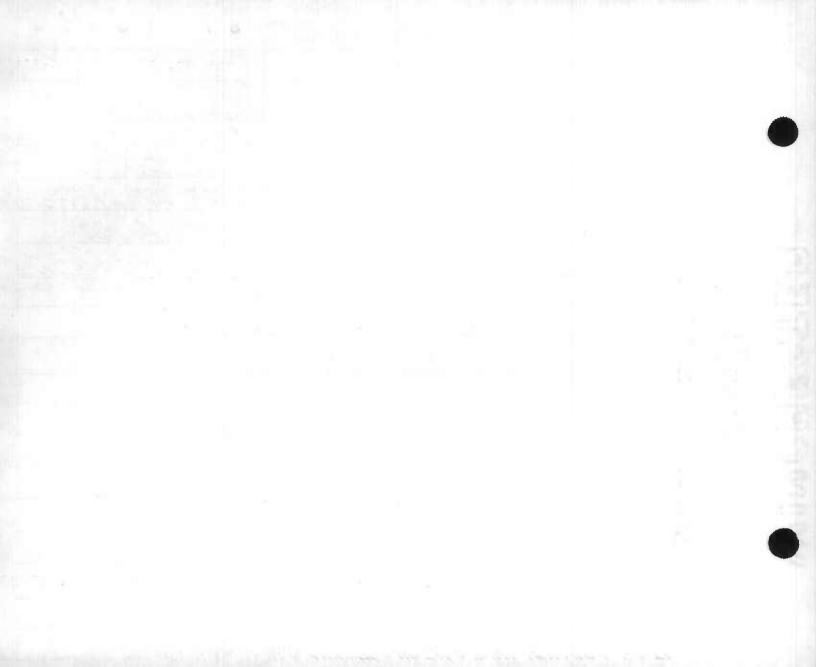
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1		115.	STATE		MEI	DICAL EXAM	INER'S C	ERTIFICATE	OF DEATH	NCO. 110.		40
1			E OR PRINT)	FIRST	F	MIDDLE		LAST	2o. C	OF ESTI-	MONTH DAY	YEAR 25. HOUR
	EESSARY, PLEASE BEAL DIRECTOR. FOUR FILES MITHIN 72 HOURS PRESTON STREET,				THONY		JAM			EATH MATED	5-3-87 19	
2	PE FILL HOLL	3 SEX		4. RACE	5. DATE OF BIRTH	YEAR LAST 6	RTHDAY) MONTH			DATE NOUNCED	MONTH DAY	YEAR 26 HOUR
丈	ARY, L DIR TON TON		ale	black			YRS.			DE AD ALTIMORE CITY OR	5-3-87 19	
-	ESS. HITHIII	7o. BI	RTHPLACE (51 REIGN COUNTRY)	ATE OR	76 CITIZEN OF WH	IAI COUNTRY?		ED NEVER MAR	RIED U	_		III
	A STAN	10/01	Md TY OR TOWN	OF DEATH	U S A	PITAL NURSING H	WIDOW		7 1	altimore (MD. OF BUSINESS
	THE THE				(IF NOT IN SUCH FAI	CILITY, GIVE STREET ADDR	RESS)		FOR MOST	of working life)	OR IN	DUSTRY
12	NO N	USUA		(IF IN NURSING HOM	E OR OTHER INSTITUTION, GI		MISSION)					
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MD	- Ned 3	14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIL		MIDDLE	LAS	
	15238 CC		Shelto	on	MIDDLE	James		Celestin	ne		Gro	SS
OWI	8 6 9 K		VAS DECEASEI		RMED FORCES?	166 SOCIAL SEC		17. INFORMANT	1 41-1-1	ADDRESS		
BALTIMORE	N STAN		No			217-56-6	560 A	Shelton		1913 Gwyr		
- 2	5 5 0		18 CAUSE O PART I DE	F DE ATH (Enter of ATH WAS CAUS	only one cause per line			on complic		liver a	BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
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	L EXAMNER: E CERTIFICATE DUID BE FORVAL DIRECTOR: H, WITH THE S. MARYLAND,		deoth result	_ /	turbi courses ,	Accident .	Suicide	, Hamicide		ned manner .	many opinion	
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	A SECOND		ACTUAL SIGNATURE,	747	Xu	well	& h	o Chief	MEDICAL	EXAMINER	DATE SIGNED 5-	-3-87
	MEDIC CUTE 1 SE 4 SI FUNER ER DEA		EXAMINER'S	NAME	John	E. Smial	ek, M.D	. 111	Penn S	treet		
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAI		(TYPE OR PRI	NT)				ADDRESS				
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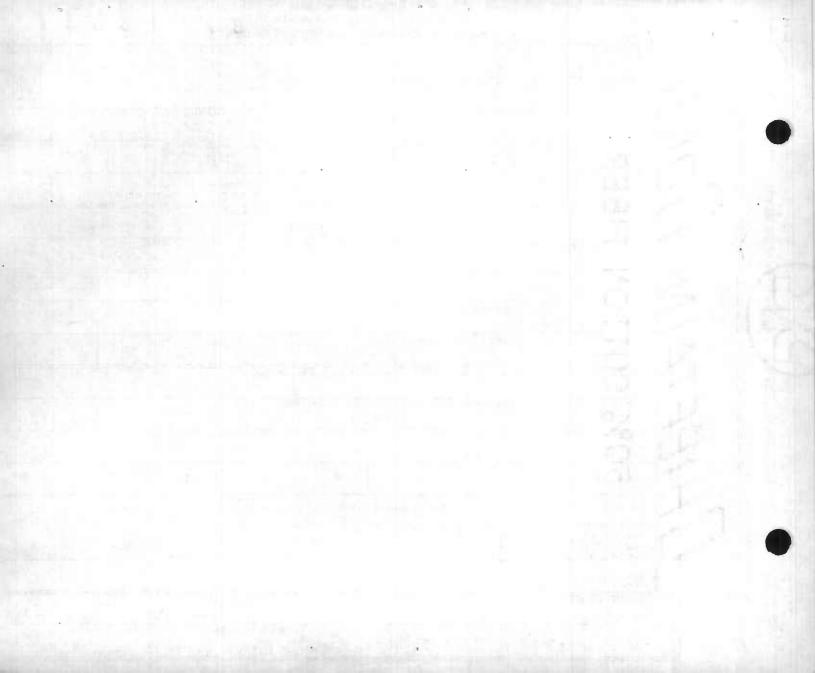
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OS,	AAL BANDAND	100	PART 2 OTNER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH I				CONDITION G	SIVEN IN PART 1	Lie				-
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NE NE	SE: THIS CERTIFICATE SHOULD BE ATE, WRITING THE WORD "PENDING PROBAMADED TO THE CHIEF MED RE-PACE 3 SHOULD BE USED AS A FISTED PEPARTMENT OF HEALTH OF 21201 PRIOR TO BURIAL, CRE-	MEDICAL CERTIFICATION	196. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPERA	TION WAS	PERFORME	ED?				20 AUTO	PSY?
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			22s I certif		ge of the remains desc		per la company	Autopsy		Inspection L		nquiry L.	ond in my	opinion	
	MER DES	V	death resulte	d from: Natur	rol couses 🔲.	Accident	Nuc	ide	Hamicide	le .	Undetermi	ned manner	<u>.</u>		
	WAY WELL		ACTUAL	7	. 11				TITLE (SPE				DA	TE E/	00/07
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	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLH THE	22. 5	TYPE OR PRIN	ION, REMOVAL			NAME OF CEM		DRESS		23d. LOCAT				
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(VRA 15, 4)



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2	報告書き	I. SEX		CE 5 D	ATE OF BIRTH	YEAR	6 AGE (IN YEA	ARS IF UN		IF UNDER		DATE	MONTH	1 DAY	YEAR	24 HOUR
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	N. W.		S.C.		USA			WIDOW		DIVORCE			e City			MD
	PAGE 5 PAGE 5 SE FILED, S	(0. C)	TY OR TOWN OF DE		NAME OF HOS			, OR OTH	ER INSTITUT	ION	FOR MOST	OF WORKING LIF	(TYPE OF WOR	K 126 KI	R INDUSTR	
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1	S S S S S S S S S S S S S S S S S S S		18 CAUSE OF DEA	ATH (Enter only an	e couse per line	far (a), (b)), and (c).)							IA	APPROXIMATE WEEN ONSET	INTERVAL
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	다는 그쪽부는	N.	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTR	(c)	OUT NOT RELA	TED TO THE TERM	INAL DISEASE	OF CONDITION	GIVEN IN PAR	7.1 (0)					
S	D BE EXE ENDING MEDICA AS A BL EALTH AI CREMA	NO	15.5													
7	HIE WELL	CERTIFICATION	19a. DATE OF OPER	RATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORM	AED?				20 /	AUTOPSY?	
VITA	大きエラのぎ 1	ETIE		Tree or									3 TH		YES 🔀	NO 🗌
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NO	ARTIFIC OR TO ARTI	MEDICAL	CONTRIBUTING	CAUSE OF DEAT	H 1:00 P.M.		25 19 87		oject si	tabbed						
DIVISION OF VITAL RECORDS,	S CER	ME	WHILE NO AT WORK	T WHILE [X]	STREET, FACT			SI	REET	. 1. 1		Y OR TOWN		COUNTY		STATE
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	AND STATE			t I took charge of				Autops		Inspection		iquiry .	ond in my	opinion		
	REC NITH NRYL	1	death resulted for	m: Noturol co	ouses L.	Accident	L, Sui	cide .	Homicio		Undetermin	ned manner	□ .			
	MACOUNTY WAS A STATE OF STATE		ACTUAL SIGNATURE	while	s line 4	hel		M	Assis		MEDICAL	EXAMINER	DAT	E 5-	-27-8	7
	NER SHA	1	EXAMINER'S NAMI												-21-0.	
	TO MEDICAL EXAMINER: THIS CERTIFICATE EXECUTE THE CERTIFICATE, WRITING THE W PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMEN BATTIMORE, MARYLAND, 21201 PRIOR TO		(TYPE OR PRINT)	Marga	rita A.	Korı	cel, M.	D	ADDRESS_1	11 Pc	enn St	Bal	to MD	2120)1	
	6.22	(5	JRIAL, CREMATION,	REMOVAL 236. D	ATE	23c. N	NAME OF CEN	AETERY OF	CREMATO	RY	23d LOCAT	ION	co	NUNTY	STA	ATE
07/84 25M	BP 620		JR IAL JNERAL DIRECTOR	1.6/	1/87	110	amily	7101		So DATE R	K EC'D. BY REG	ingst	ree.	SIGNAT		C
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									-		W	INK/ IV	what distri	COOPIN-	Karran	



The state of the s 2/1/60

FOR STATE REGISTRAR		DEP	ARTMENT OF HEALTH AND M CERTIFICATE OF DI	ENTAL HYGIE
DECEASED NAME	FIRST	WIDDIE	LAST	2
YPE OR PRINT)	Mary		Tonledma	

1000	0 1	FOR	DEDA	DIAIL OF MARILAND	OTENIE (2) (2)	7 1 2 7
1530	DA TAY	1 - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3033
		I DECEASED NAME FIRE	MIDDLE	LAST		YEAR 26 HOUR
4 8	deoth deoth	ITYPE OR PRINT) Ma:	ry	Jenkins	5/5/87	м
Ø 8	pd . p	3 SEX	4. RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
9 d e 4	urs of	Female	Black	10/25/21 YEAR	. 65 YRS	DNIHS DAYS HOURS MIN.
9	Pod Pod	TR. BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT COUNTE	MARRIED B NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
deot	hin 72	Maryland	USA	WIDOWED DIVORCED	BAIT. City	MD.
Offer	d with	10 CITY OR TOWN OF DEATH Baltimore	UE NOT IN SUCH EACHLITY, GIVE STE	SING HOME OR OTHER INSTITUTION REEL ADDRESS) S. Culver St.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
20 urs	1		OME OR OTHER INSTITUTION GIVE RESIDENCE BE			
AND 21	hould be	Md.	COUNTY 13. CITY OR TO Baltin	OWN 134 INSIDE CITY LIMITS?	130 S. Culver St	. 21229
ARYL withi	od 2 s	14 FATHER'S NAME FIRST George	MIDDLE LAST	15. MOTHER'S MAIDEN N.	WIDDIE	LAST
¥ P	المن المناس		Williams	Helen	Green	
TIMORE be execu	s. Poges	16a WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? 16b. SOCIAL SE 215-12		kins 130 S. Culve	r St 21229
., BAL	poper poper novol.		ter only one cause per line for (a), (b), AUSED BY:	ond ici	T. land.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IST THE	nod nod nen	IMM	EDIATE CAUSE (0)	: Myocardiae	mfacesell	Smin
PRESTON	derending on con- filon, or demoti	Conditions, if ony, which	DUE TO, OPPAS A CONSECUTION (16) ARTERIO	OSCIETATIC CAR	GOVASCUEN DIST	F 15 geous
	\$ 1 h	gove rise to immedio couse (o), stoting the	DUE TO, OR AS A CONSEC			
WII		underlying cause los	(c)			THE STATE OF THE S
20		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
80	1000	o l				
OF VITAL RECORDS, Clan: The low reprint physicion.	s bee	196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		WERE FINDINGS USED
At The	how how	i i			YES NOTE YES	□ NO □
Nysic Nysic	Ficon trons Trons 18 sl	00.000,700,000,000		DAY YEAR 216 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
I OF	erth iol- into	4	OF DEATH	19		
YS Ain	S O Y	214 IN TURY OCCURRED	21a PLACE OF INJURY	216 LOCATION		

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on above, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

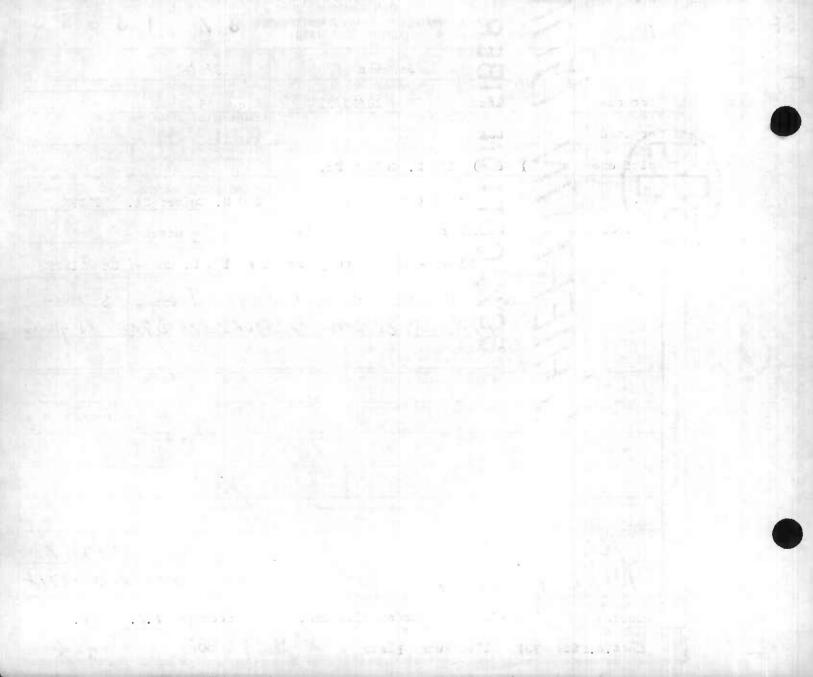
22b. SIGNATUR DEGREE ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN

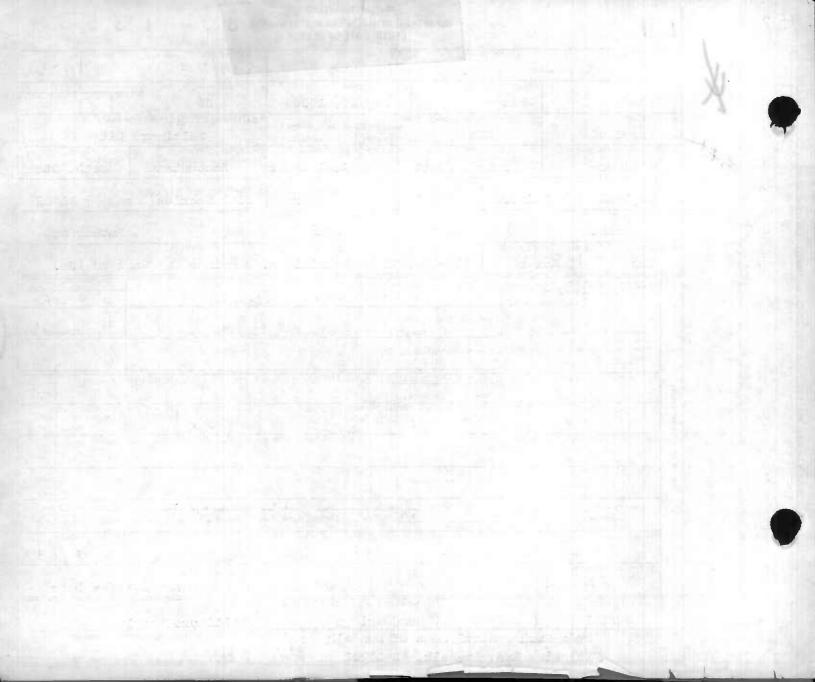
230 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION |SPECIFY| Burial Brooklyn 5/8/87 Cedar Hill Cem. STATE A.A. Md. 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

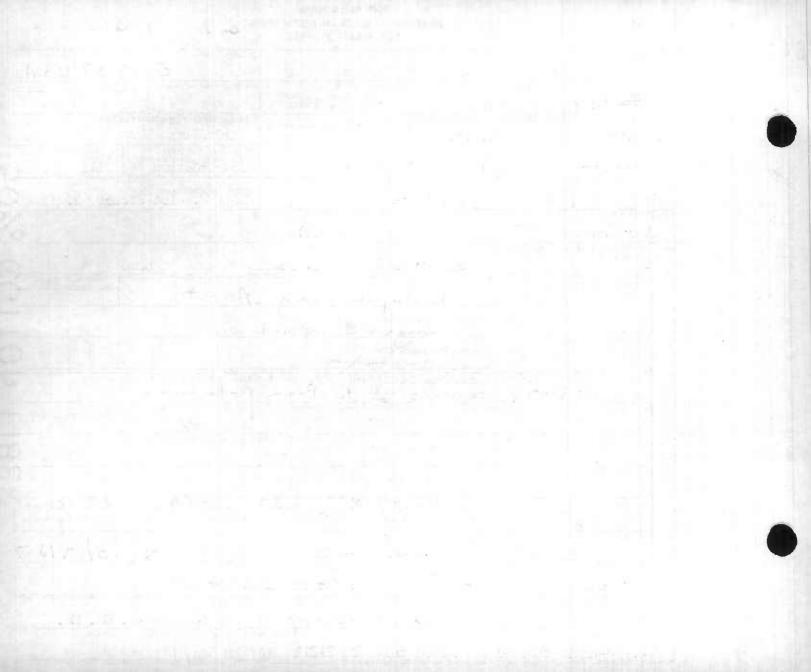
Chas.A.Rice FSPA 1300 Eutaw Place (VRA 15, 4)

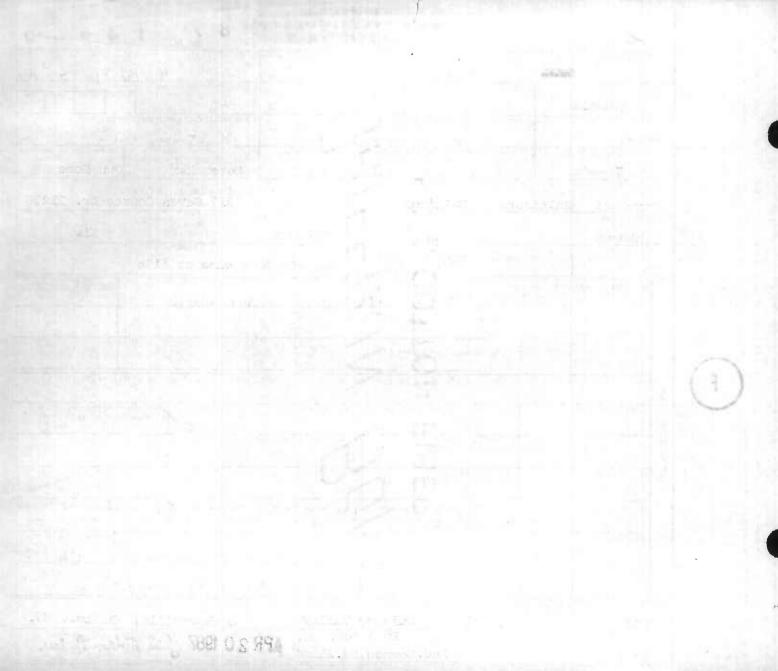
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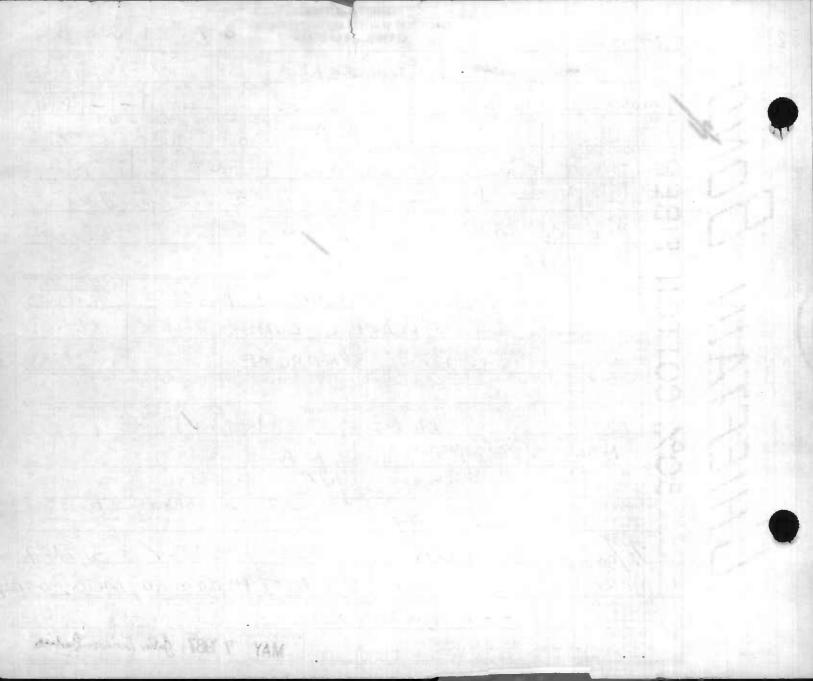




NORTH MONROE

DHMH - 16 60M 7/B4 (VRA 15, 4)

PHILLIPS

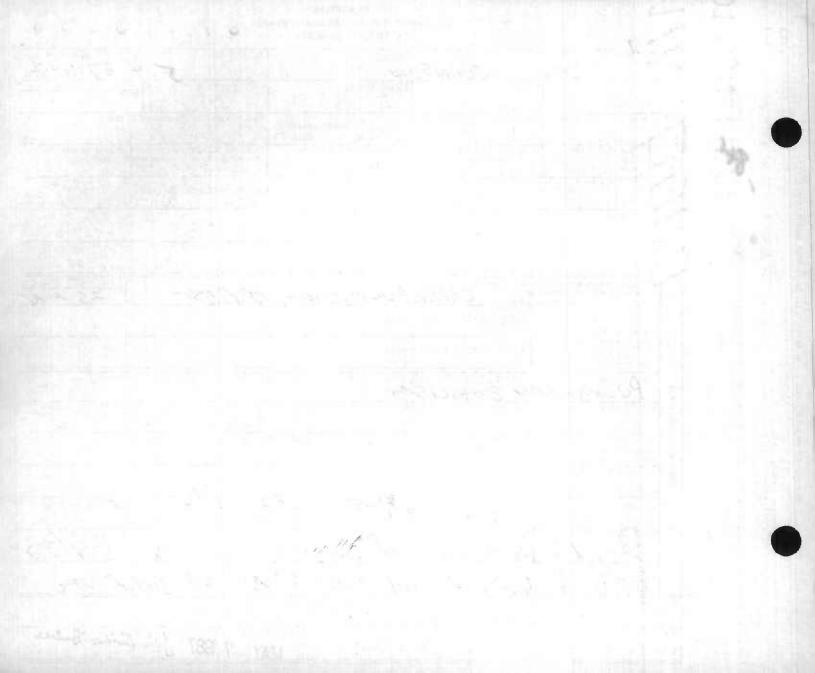


	1				STATE OF MARYLAND		
05276	5 11	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 /	13058
oy be ooge 3 deoth			PASED NAME FIRST	JOHNSO) N	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 1/45/24
Page 4 may b director, page lours after dec		3 SEX	male	Black	5. DATE OF BIRTH MONTH DAY YEAR 4 3 19	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
deoth.	100/	M'	THPLACE (STATE OR FOREIGN) SUNTRY) S.S. I.S.S. I.D.D.I. Y OR TOWN OF DEATH	USA	8. MARRIED NEVERMARRIED NOVEL DIVORCED DO THE CONTROL OF CONTROL O	Batimore CITY OR COL	- 1
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hin 24 hi sly filled should b	ner must b	13a. S	THER'S NAME	TY 13 CITY OR TOWN		13e.STREET ADDRESS / ZIP	heeler Ave
complete	ol examir			AIDDLE JOHNSON	n Curley	ADDRESS	Lewis Detnot Mich
e be exected to a property of the contract of	the medic		S, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	Thelmake	e 9208 Yo	rkshire St APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificate ing physica rban paper r remaval.	ic event,		PART I. DEATH WAS CAUSED IMMEDIATE		PULMONARY	ARREST	25 M/W
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OR he he			226 SIGNATURE DVILLO	Durga	MEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	5/4/87
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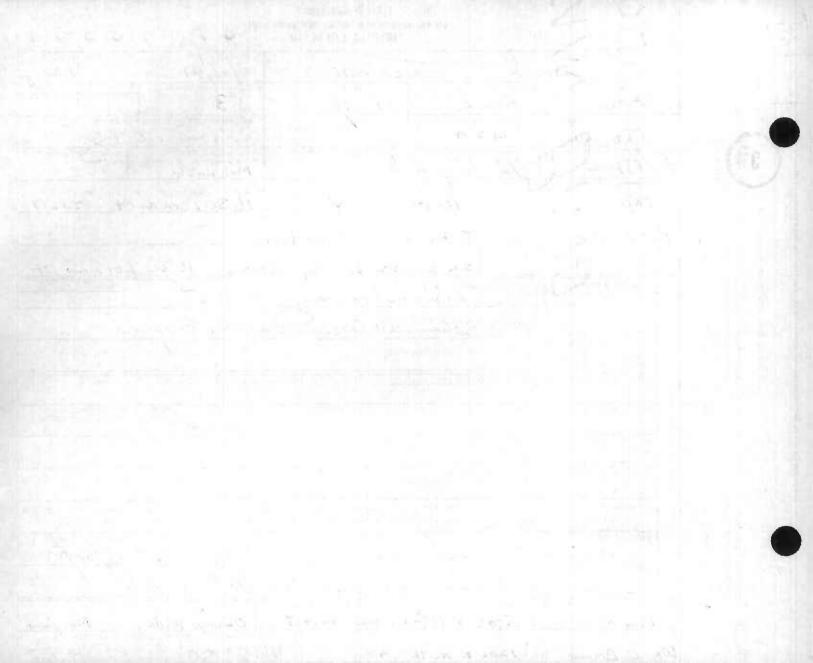
24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

Wm. C. March F/H West 4300 Warash Avenue

250 DATE REC'D. BY REGISTRAN 256 PEGISTRADS GIGNATURE AND MAY 7 1987



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME In DATE OF DEATH LANCON THE DAY YEAR 7h HOUR THRE OF PRINTS 1:20 OHMSOM 20 1.5EX 4. RACE 5. DATE OF BIRTH AGE TENTERS LAST BRITISHED IF UNDER ! YEAR YEAR HOURS 33 BIRTHPLACE COLLEGE DE FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVERMARRIED USA BALTO MD WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOMEOR OTHER INSTITUTION 126 KIND OF BUSINESS OR ET IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mechanic. ITUTION GIVE RESIDENCE BEFORE ADMISSIONI THE COUNTY 131. CITY OR TOWN 13d INSIDECITY LIMITS? 13e.STREET ADDRESS / ZIP CODE BAItS 630 Lorman Ct 21217 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDOOR LAST observett I N WAS DECEASED EVER IN U.S. ARMED FORCEST 186 SOCIAL SECURITY NO. 17 INFORMANT I HES, NO OR LINENDWINI OF TES, GIVE WAR OF DATES! 216-36-5386 OFMAN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CATCI NO was Conditions, if any, which gove rise to immediate course to L stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to THE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I 21e ACCEPNT WAS UNDERLYING [1] 716 TIME OF INJURY THE HOW MIJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTENUENCE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 214 INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY 27s I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and have and from the causes stated phove. (I) (we) (did) (did not) new the body after death 275-STONATUR DEGREE 22: DATESIGNE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN SHYSICIAN'S NAME ITHE OF PRINT 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY Forest PACTISON OWINGS 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) WM. C. Brown 1206 W. North AVE

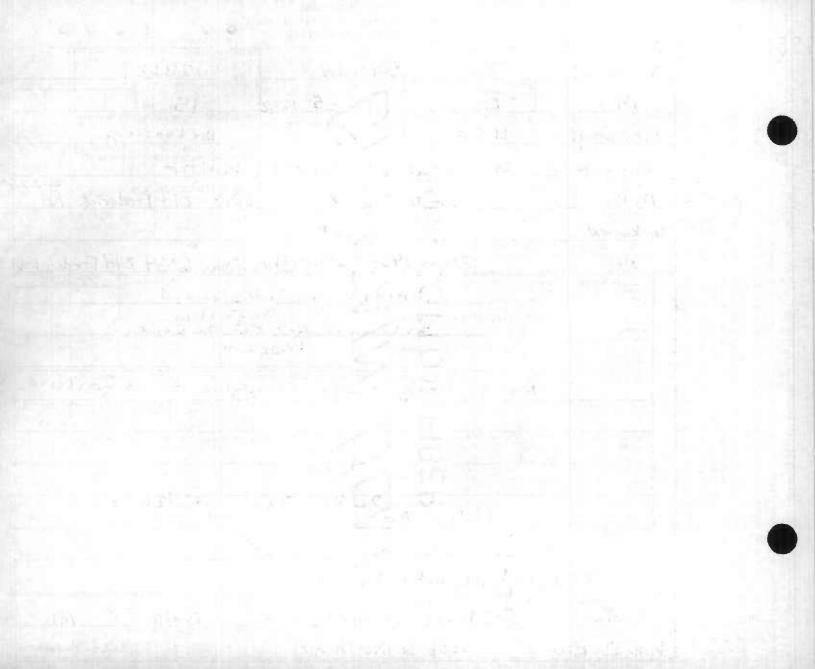


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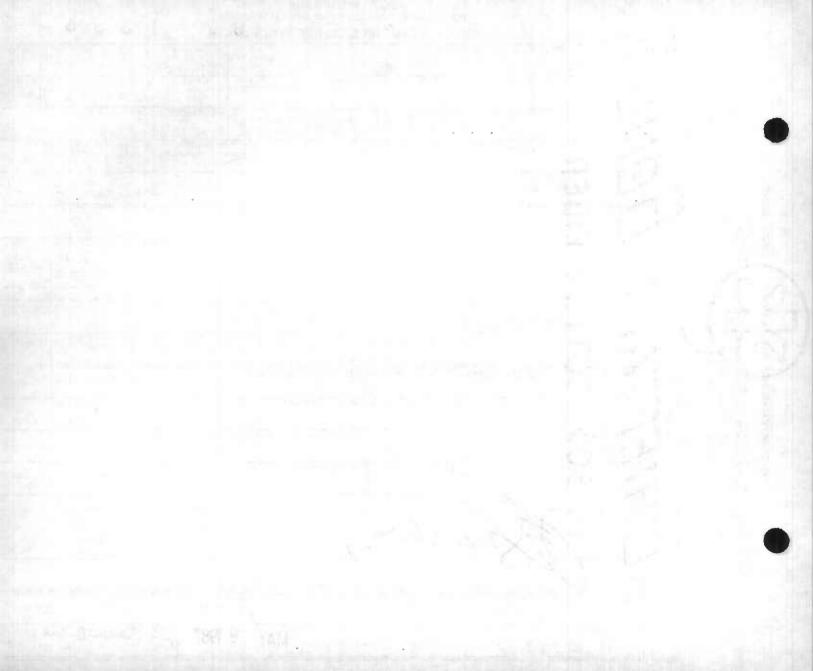


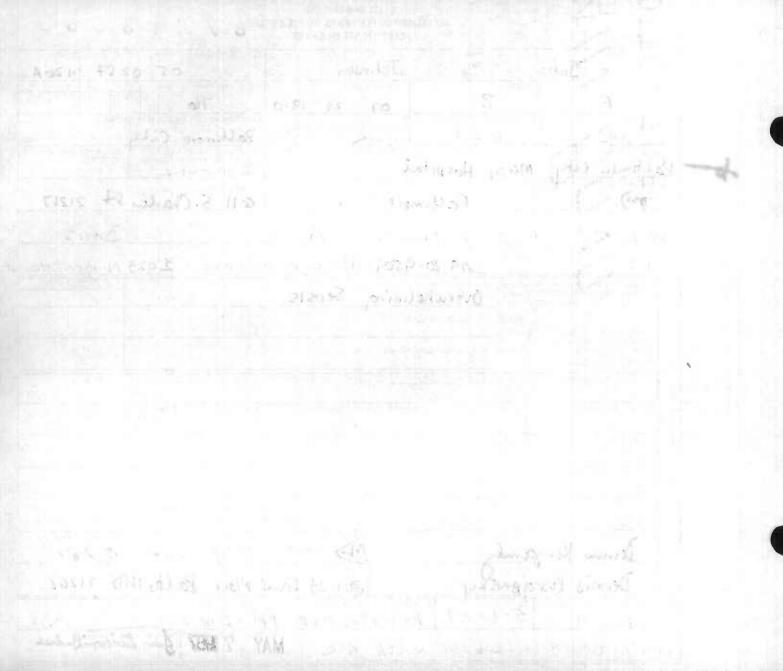


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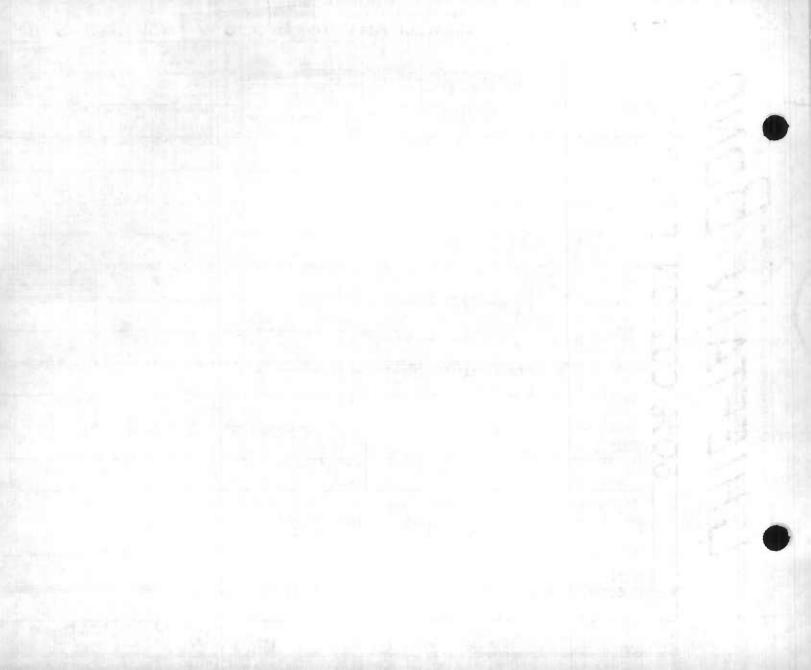
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FOR DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
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5 2 9 4 7 MAY LA REGISTRAR MEDICAL EXAMINER'S CERTIFICATE	OF DEATH REGINO
J J Z J I DEGEASED NAME FIRST MIDDLE LAST	20 DATE KNOWN AMONTH DAY YEAR 26. HOUR
IRENE JOHNSON	OF ESTI-
40W5W	DEATH MATED \$ 5 3 1987
3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UND MONTHS) DAYS HOURS HOURS	
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	9 BALTIMORE CITY OR COUNTY OF DEATH
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(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
Baltimore 847 Harlem Avenue	Unemployed OR INDUSTRY
TOSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
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Roy Saunders F11v	viley Harris
160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ADDRESS
	al Johnson 847 W. Harlem Ave
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL
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2 Asthma and hypertension	
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355388	MEDICAL EXAMINER SIGNED 3-4-01
EXAMINER'S N. John E. Smialek, M.D. ADDRESS 111	Penn St., Balto., MD 21201
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P	Baltimore COUNTY Md STATE
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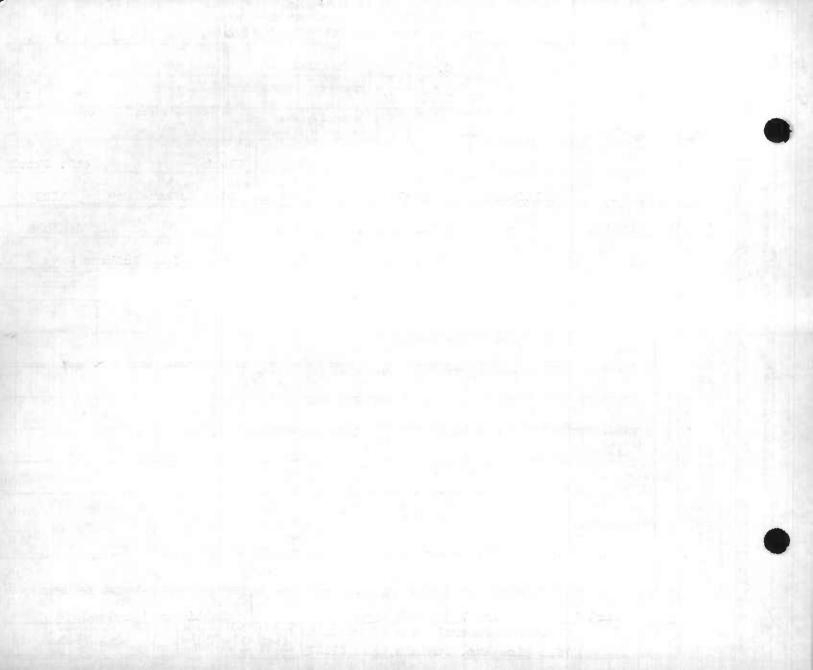
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ORE	202		Richard	EVER IN U.S. AR/	A.		ohnson CIAL SECURITY	NO 17	Cece			ADDR	566	McCr	ay	
M. M.	AFTER INF PA H FOR SION	(Y	ES, NO, OR UNKNOV	VN) (IF YES, GIVE	WAR OR DATES)	100.50										
BALTIMORE.	NOES>		NO				N/A	(Cece1	ia M.	John:	son: 1	23 N.			venue
-	X 8 3 L. O		18 CAUSE OF	DEATH (Enter on	ly one cause per	line for (o), (l	b), and (c).)					60			PPROXIMAT VEEN ONSE	T AND DEATH
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DIVISION OF VITAL RECORDS.	JUD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM II FENEDICAL EXAMINER ALCONG ED AS A BURIAL -TRANSIT PERMI HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	NO														
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	NE SOR	5	22a I certify	that I taok charg	e of the remains	described ab	ove, held on	Autopsy	X,	Inspection	L. Inq	uiry .	and in my o	pinion		
	ME HOTE	1	death resulte	d fram: Notur	ral causes .	Acciden	Sun	ide	Hamicid	de 🔲 .	Undetermine	d manner].			
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	A 표 상 목 표		ACTUAL SIGNATURE_	VIII	whole !	me	Me	M.D.	Assi	stant	MEDICAL E	XAMINER	DATE		/10/	87
	NOR A SI		EXAMINER'S N	LAAAE												
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD."PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. A SHOULD BE USE	-	(TYPE OR PRIN	T) M	largarita	A. K	orell,	M.D. AD	DRESS	111	Penn St		Balt	o.MD).	
	5X45A4	23a.B	URIAL, CREMAT	ION, REMOVAL 2		23c	NAME OF CEM	ETERY OR C	CREMATOR	RY	23d. LOCATIO	N		UNTY		TATE
07/84	BP		Bur		5/15/87	K	ing Mem	orial	Par	k	Randa	lstow	n		1	1d
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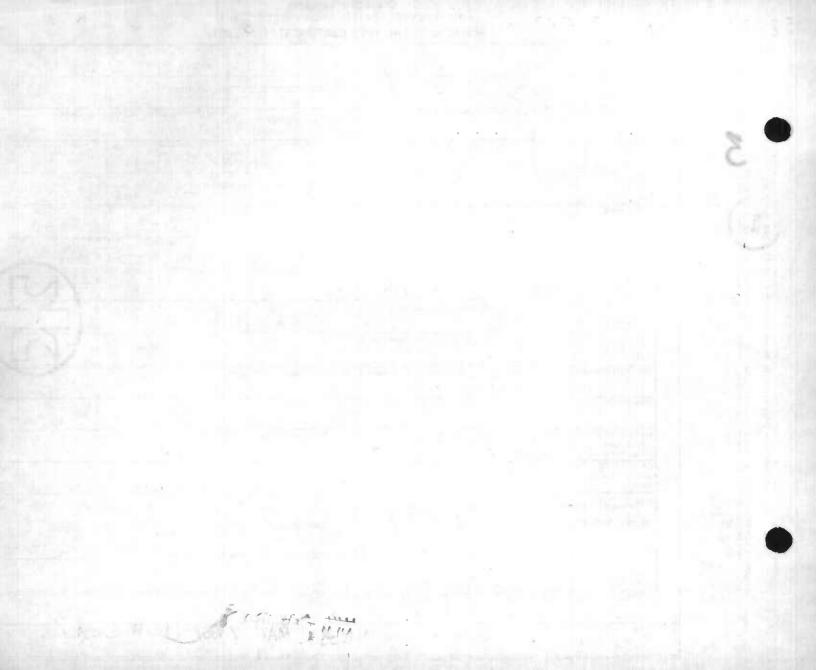
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH W REGISTRAR REG. NO DATE OF DEATH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) Jr. 3. SEX 1. RACE 5. DATE OF BIRTH A AGE LIN YEKRS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS HOURS a BIRTHPLACE (STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Saleperson Poultry 21206 13b. COLINAY 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Rejzek Rebecca Morris B. Johnson, Sr. ADDRESS 16b SOCIAL SECURITY NO. 17. INFORMANT 219-03-1570 Edna K. Johnson 4005 Wilke Ave. 21206 ROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (o), stoting underlying couse lost. DIVISION OF VITAL RECORDS. CERTIFICATION rudiva Hortic 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE (AT HOME, STREET, FACT E. FARM, ETC) NOT WHILE 220. I certify that the hospital attended the deceased from_ deceased alive on 15 (2 Wax and that in my (our) opinion death occurred on the date and hour and from the causes stated (II) we) (did) (did not) view the body ofter death. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS d b 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION Burial May 16, 1987 Dulaney Valley Baltimore 24 FUNERAL DIRECTOR b. REGISTRARIS SIGNATURE DHMH - 16 60M 7/B4 Leonard J. Ruck, Inc. 5305 Harford Rd. (VRA 15, 4)

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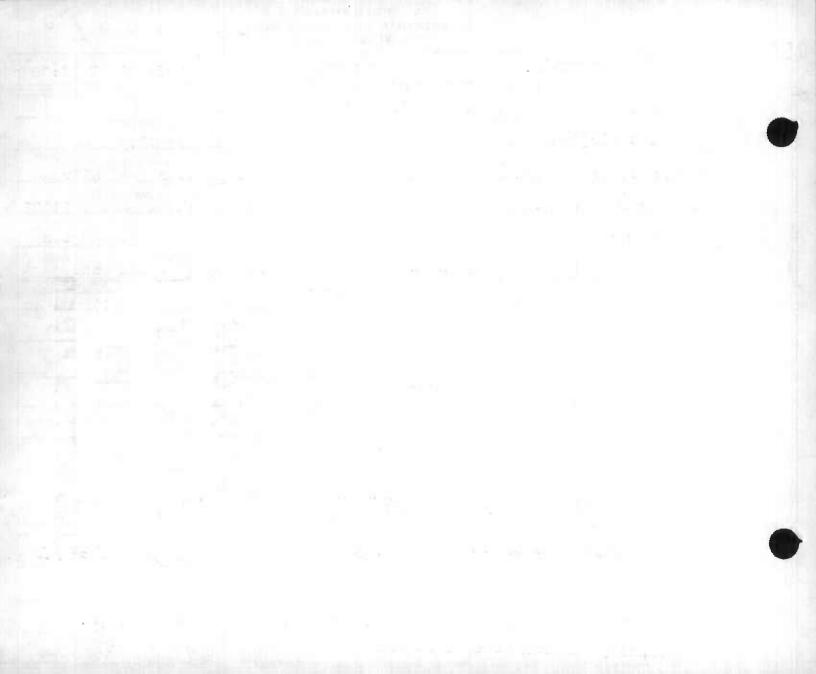
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,	골드 프로	3 SEX	4. RAC	E 5.	DATE OF BIRTH	YEAR LAST BIRTHD	RS IF UN	DER TYR. IF	UNDER 24 H	RS. 20 DATE		HTMOM	DAY	YEAR	2d HOUR
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	DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED, WITHIN 72 HOURS RDS, 201 W, PRESTON STREET,		Maryland		USA		WIDOW	-	DIVORCED		imore	City			
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, MD.	S L CAN S	I PA	THER'S NAME FIRST		IDDLE	LAST		15 MOTHER'S		AME	AIDDLE		LAS		
ORE			William		orge	Johnson, S		Hele					Budde	enbol	nn
N. S.	SION OF A COLOR	YE (YE	AS DECEASED EVER S. NO. OR UNKNOWN)	(IF YES, GIVE WAR	OF ORCES?	166 SOCIAL SECURITY	NO.	17. INFORMAN	NI		ADDRESS				
BALTIMORE,	A STATE OF THE PARTY OF THE PAR		No			218-32-130)6	Betty	Ann i	Johnson	3484	McSh	ane W	lay	
1 .	30910		PART I DEATH V	TH (Enter only o	ne couse per line l	or (o), (b), ond (c).)							APPR BETWEE	OXIMATE I	INTERVAL AND DEATH
PRESTONSI	AL LENGTH		FAKI I DEATH V	IMMEDIATE C	AUSE (o) A	rterioscler	otic	cardio	vascu	lar dis	ease				
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DIVISION OF VITAL RECORDS.	E SHOULD BE EXECUTED WINDOWN WORD "PENDING" IN PENVE OF CHIEF MEDICAL EXAMINE BE USED AS A BURIAL - TRANCH AND MENTAL CREMATION, OR		PART 2 OTHER SIGNIFICAL	IT CONDITIONS CON		UT NOT RELATED TO THE TERM	NAL OISEASI	OR CONDITION GIV	VEN IN PART L						
Ö	D BE EXEMPLING MEDICAL AS A BU EALTH AN CREMAT	Z													
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, DAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SIS BALLIMORE, MARYLAND, 2		22a I certily that	I took charge of	the remains desc	ribed obove, held on	Autop	xXXI. In	spection	. Inquiry	On	nd in my op	pinion		
	MAN HELENAN		death resulted from	: Natural c	ouses X	Accident . Sui	cide 🔲	, Homicide	Ur.	determined me	onner .				
	EXA CERT CLID I DIRE WAR		-	. /)		TITLE (SPEC	CIFY)						
	★ 品 女 子 一		ACTUAL SIGNATURE	1/11			M	D Assis	tant ,	AEDICAL EXAM	AINER	DATE	D 5/	21/8	37
	NOR A SI		EXAMINER'S NAME						10.00						
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	DA STAR	23a. BU	RIAL, CREMATION,	REMOVAL 236.	DATE	23c NAME OF CEA	ETERY O	R CREMATORY	236	LOCATION		COIII	NIY	STA	T F
07/84	BP		Buria	1	5-23-87	Oak La	wn			Balti	more M	Maryl	and	AIC	
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	马克里克里	3. SE	X	4. RACE	S. DATE C	DAY	YEAR	6 AGE (IN YE	ARS IF UN		IF UNDER		RONOU		MONTH	DAY	YEAR	24 HOU
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	MEDICAL EXAMINER: 1 ECUTE THE CERTIFICATE, 1026 4 SHOULD BE FORW OF FUNERAL DIRECTOR: PUNERAL DIRECTOR: MITHERS DEATH, WITH THE ST DIRECTOR: MARYLAND, 2			y that I took charg		mains descr	1		Autops		Inspection		Inquiry	12	and in my o	pinion		
-	REC BE		death resulte	A from: Natu	rol causes	7.7	ccident	L. Csy	icide	Homid	ide	Undeter	mined mo	anner 🔼	,			
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	(VR A15 ME (5))		March	Funera	IT HO	me 1	TOI	E. NO	orth	Ave.				-				



STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MIDDLE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH MONTH 2b. HOUR 1987 Jones 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR 5. DATE OF BIRTH 189 80 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED XX Baltimore city 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) McMechen St

13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore YES TY NO [

301 15. MOTHER'S MAIDEN NAME CaroTyn

Mc Mechen Street Apt 1021 Peterson

21217

166 SOCIAL SECURITY NO

ADDRESS 17 INFORMANT

Carolyn Mitchell 1100 Whitelock St Apt

EARL FailurE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

STREET

ATTENDING

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

HOUR A.M. MONTH DAY YEAR 19

NOM 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

COUNTY CITY OR TOWN

and that in (my) (our) opinian death occurred an the date and haur and fram the causes stated

22¢ DATE SIGNED

NO F

230 BURIAL CREMATION, REMOVAL

Buria

22e ADDRESS

DEGREE

23¢ NAME OF CEMETERY OR CREMATOR

Arbutus Mem.

23d LOCATION

STAFF

24 FUNERAL DIRECTOR

23b DATE

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

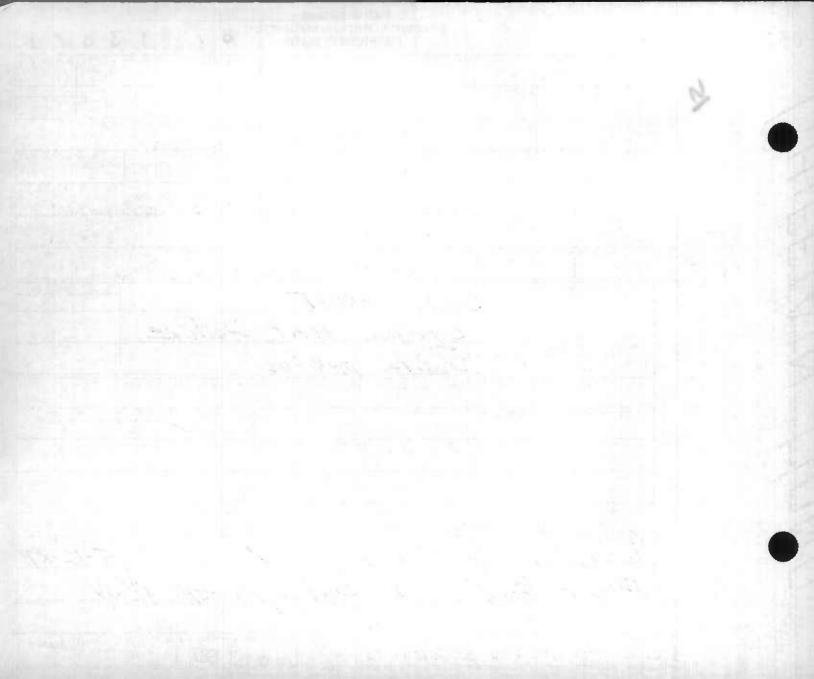
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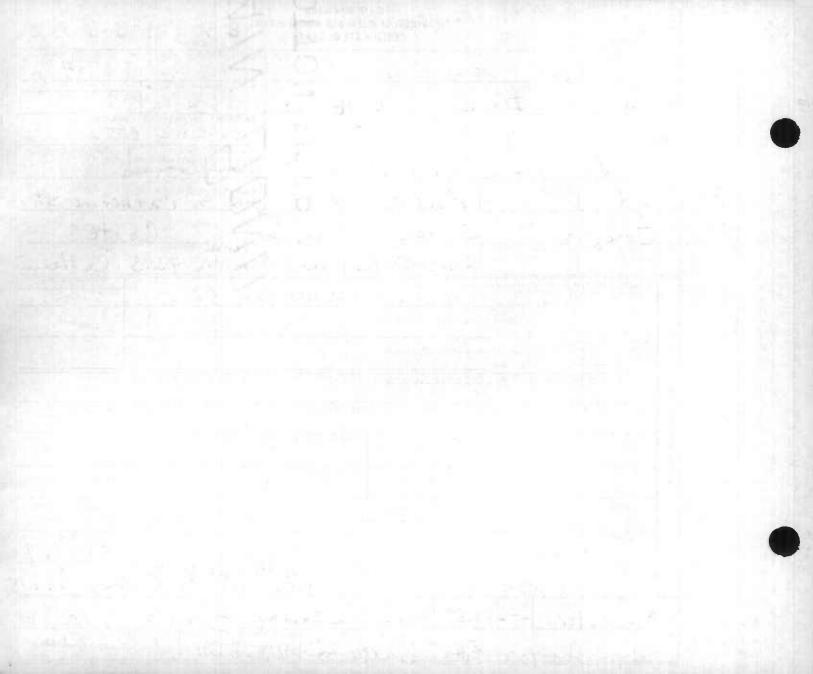
DHMH - 16 60M 7/84 (VRA 15, 4)

Wm. C. March F/H West 4300 Wabash Avenue

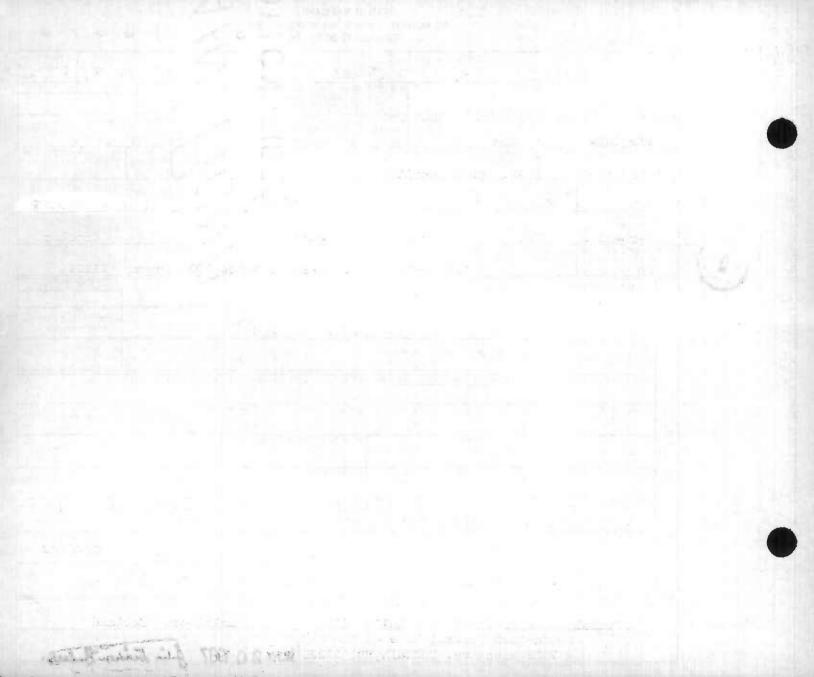
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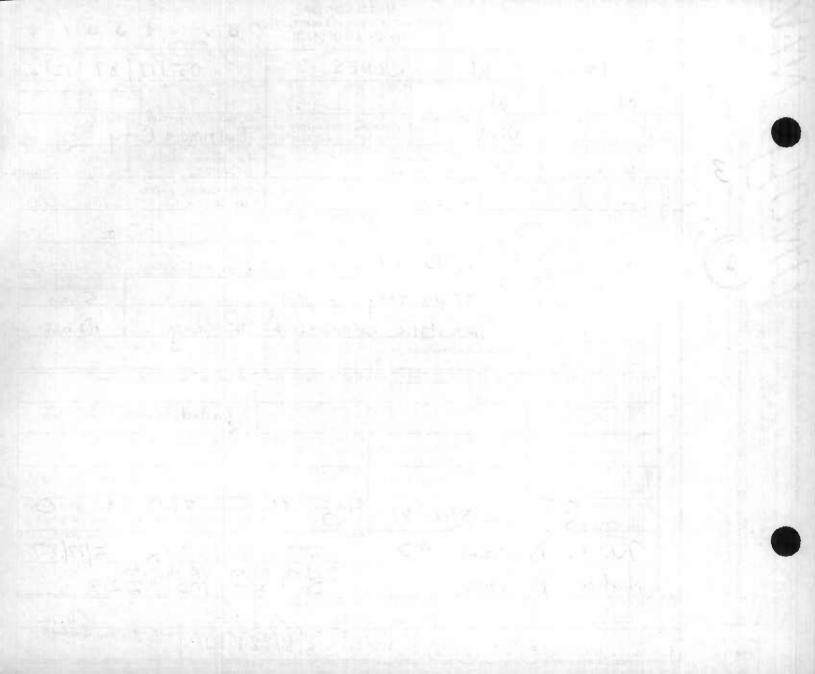
		STATE OF MARYLAN	D	
9 9 2 HAY 21	FOR - STATE - REGISTRAR	DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DE	ATH O /	3 0 1 2
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	ECEASED NAME FIRST	11	20. DATE OF DEATH MONTH D	10.110011
0 0	Earl Earl	R. Jones	5 1	. 011
3. S	EX	4. RACE 5. DATE OF BIRTH MONTH DAY		IF UNDER LYEAR IF UNDER 24 HOURS A
11354	M	Plack 10 66	20 66 YRS.	
P 7 70 1	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MA	P. BALTIMORE CITY OR COUNTY	OF DEATH
(D) A	Hartic Cin NJ		DRCED Buttoois (ite
D 10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY GIVE STREET ADDRESS)	UTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KUND OF BUSINESS
00 4	South	42 Si Catherin	a & Long Shorema	
å JUST	JAL RESIDENCE (IF NURSING HOME OR STATE / 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	ANNUAL AN CARCEL ADDRESS (ZID CODE	. 2612
	MA COOK		LIMITS? 13. STREET ADDRESS / ZIP CODE	herine ST
₽ 14. F	ATHER'S NAME	15 MOTHER'S M	MAIDEN NAME	,,
JA 27	FIRST	MIDDLE S LAST S FIRE	ST MIDDLE	- tost
160.	WAS DECEASED OVER IN U.S. AR	00100	The Address	3 40/ 0 3
a de de	(YES, NO OR UNKNOWN) (IF YES, GIVE	EWAR OR DATES) 219-01-5877 10 4 10 10	of Tuckson My 42.5	. C. the
Pe Pe	T	or 1-01 - 1 Decorbing		APPROXIMATE INTERVA
ovolut, t	PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and (c).) DBY:		BETWEEN ONSET AND DE
eve	IMMEDIAT	E CAUSE (a) Metastate ne paroco	author Ca	5 mos.
notic		DUE TO, OR AS A CONSEQUENCE OF		
rour	Canditians, if any, which gave rise to immediate	(b)		
hert	cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		
or of	underlying cause last.	((c)		
a bur	PART 2. OTHER SIGNIFICANT C	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO	O THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 110
onsit permit. Ther tygiene prior to to 8 shows any injur CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORM	AED 200 AUTOPSY? 206 IF YES,	WERE FINDINGS USED
Ws or Ms or			IN CERTIFY	ING CAUSES OF DEATH
Hygre 18 sho	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJU	YES NO YES	
/ 3/	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	TEMENTAL OF POOR A TENTO TO	ar Carract st
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nd w	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN	COUNTY STA
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is i				9, that (I) (w
n 21	saw the deceased alive an abave, (I) (we) (did) (did na	t) view the body ofter death.	ur) apinion death accurred an the date and haur	
Dep Her	22b. SIGNATURE	DEGREE	TENDING MEDICAL STAFF	224. DATE SIGNED
e de	Janoes.	L PVU) PH	YSICIAN DIRECTOR PHYSICIAN	12/18/8
STAN STAN	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	VA reducal center	4
with the Sta	J Gro	oss mo	3900 web Kaver	Blud 21
3 ≧ 23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23k. NAME OF CEMETERY OR CRE	EMATORY 236 LOCATION	1
	(SPECIFY)	5-19-87 Loudon Park C	remetry Batto	COUNTY MOSTA
24	FUNERAL DIRECTOR	1913-1511	250 DATE REC'D. BY REGISTRAR 250 REGISTR	AR'S SIGNATURE
6 60M 7/84	Bran - Thomas	DED-THE Z TOTAL	MAY 1 9 1987 Julia D	wordern . Kandalle



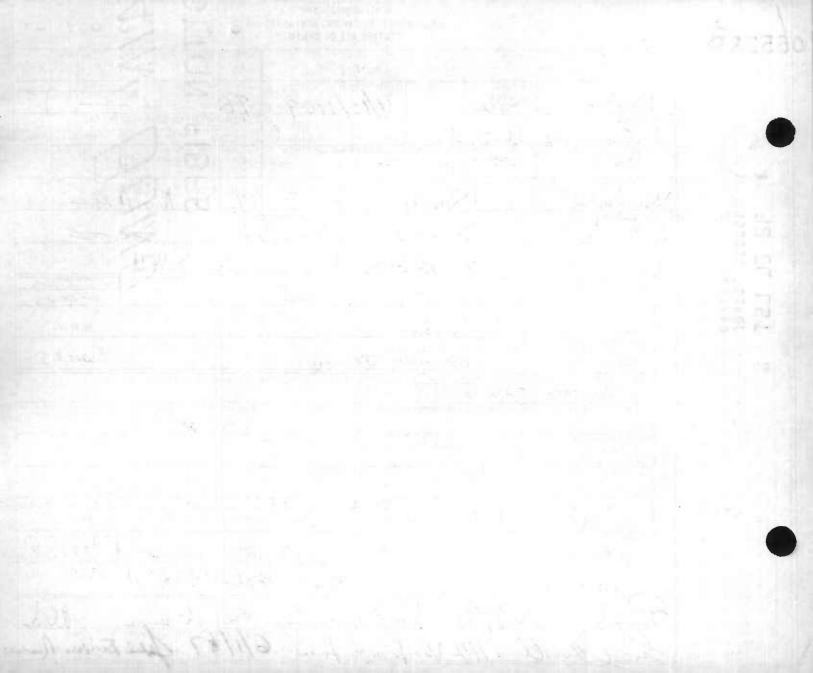
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	1 -	FOR STATE REGISTRAR		DEPARTI		EALTH AND ME		IENE 8 PREG. NO	1 3	5	15
		EASED NAME FIRST		MIDDLE	ı	AST			MONTH DAT	Y YEAR	2h HOUR
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3	SEX		4 RACE	141	S. DATE C			6 AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS
		Female	whi	te	MONTH	DAY 17	1915	76	2 YRS	NTHS DAYS	HOURS MIN.
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28		ountry) Virginia	USA		WIDOWE	D NEVER MA	ORCED [7	MITA	CITI	Y MD.
2//1		Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C			120 USUAL OCCUPATION		126 KIND OF	F BUSINESS OR
3	F	BALTIMORE		THE FACILITY, GIVE STREET				HOMEMAKE		INDUSTRY	
37 -4	JSUA	L RESIDENCE (IF NURSING FOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	T					
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1)	FIRST	MIDDLE	LAST		FIR	RST	WIDDLE		LAST	
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\$		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMAN	T	ADDRE	55		
d		No		225-03-	0966	Herbe	rt L.	Jones 1928	Guyway	2122	22
160		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	line for (0), (b), on	dic			***		BETWEEN	MATE INTERVAL
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a c e		IMMEDIA				- U 813- U					
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trou	-	Conditions, if ony, which gove rise to immediate	(b)_	Cen	CLIATO Y	is allow	acuas	W.			
other		couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEOU	ENCE OF						
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ig	CERTIFICATION								3 '		
à Z	CA	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORA	MED	20a AUTOPSY?		WERE FINDIN	
2/	E							YES NO	YES		NO 🗆
88	W.	210. ACCIDENT WAS UNDERLYING			VE 10	214 HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	AY YEAR	- 1 to 1					
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ede	¥	WHILE NOT WHILE	I AT HOME ST	REET, FACTORY OFFICE, F	ARM ETC)	STREET		CITY OR TOY	VN	COUNTY	STATE
morked		AT WORK					0-		e // 27	40	
is is		22a I certify that () (this hosp				5/13	19_1+		5/18 19		that M (we) last
121		sow the deceased alive on above, (h (we) (did) (dig no	of) view the body		, or	nd that in (my) (a	ur) opinion c	deoth occurred on the da	te and hour o	ind from the c	couses stoted
He He		226. SIGNATURE	7 11			DEGREE				22t. DATE S	SIGNED
*		6	-Nu				ENDING TYSICIAN	MEDICAL STAF		5/1	8/87
Z		22d PHYSICIAN'S NAME (THE	OR PRINT)	_		22e ADDRESS	TSICIAIN L	DIRECTOR E PHISICI	Aiya	1 -/	/ - /
ORT		Ziad	Ri	fai		St F	Anne	Nospotal 90	o Cat	n Ara	me
IMPORTANT: IF							1.00				
7		JRIAL, CREMATION, REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CRI	EMATORY	23d LOCATION CITY OR TOWN		YINUOS	STATE
_		Burial	5-21	L-87	Holl	y Hill		Baltimor	e Mary	land	
M 7/84	4 FU	NERAL DIRECTOR Dud	a-Ruck H	Tuneral H	ome of	E Dundal	k 25a. DATE	REC'D. BY REGISTRAR	SE REGISTRA	R'S SIGNATI	JRE
4)				Ave. Dun					L' Res	1	L

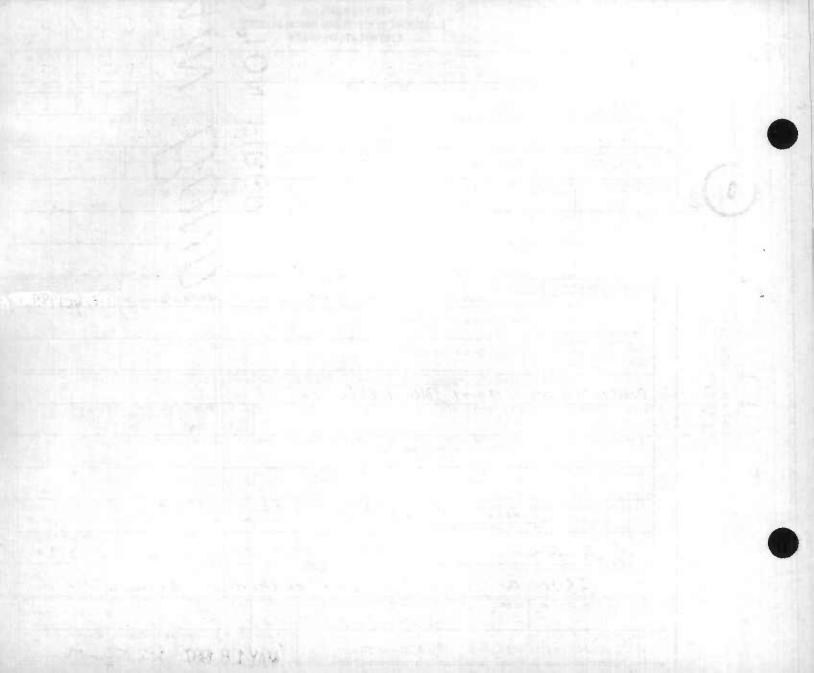


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op //		CEASED NAME FIRST FRED	1	MIDDLE		NES	20. DATE O	FDEATH MO	17	87	12 25
offer deoit	3. SE		4. RACE		5. DATE C	DAY YEAR	& AGE (IN	YEARS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
direct	70 B	RTHPLACE (STATE OR FOREIGN	7h CITIZENI OF	WHAT COUNTRY?	Aug	. 31, 1915	71	DE CITY OR C	YRS	FREATU	
1 72 h		st Virginia	USA	WHAT COUNTRY?	MARRIE	NEVER MARRIED	BALTIMO	HIMON	1	+4	MD.
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must be	USU 130	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS / ZI			te Indust
d 2 sho		ATHER'S NAME	MIDDLE E.	Jones		15. MOTHER'S MAIDEN NA/ FIRST Emma	ME S	MIDDLE	LINGL	LAS	ST
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDRESS		Cobb	1
1917	L (VE WAR OR DATES)	233 126	285	Opal Jones,	128 S.	Arling	gton .	Ave, B	Balt. Md.
or remo		18 CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS IMMEDIA	ED BY ATE CAUSE (0)	-000	ton	arrest				SETWEEN S	MATE INTERVAL ONSET AND DEATH
case remove col, cremotion, rother troume		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	Metastat	16 (archoma of	- He	lung		10) non
Then ple r to burio injury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	DNTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CONDITI	ON GIVEN	N IN PART 16	0,
it permit.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	YES Z				NGS USED OF DEATH?
entol-tronsit		? (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D (IF EITHER NOTIFY MFDICAL EXAMIN	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTERNA	TURF OF INJURY IN	ITEM 18 PAR	1 1 OR PART ?)	
h ond W	MEDICAL	21d (NJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY EET, FACTORY, OFFICE FA	RM, ETC)	2H LOCATION STREET		CITY OR TOWN		COUNTY	STATE
for use of Health		220.1 certify that (1) this has saw the deceased alive a above (1) two) (did) did n			87. on	5/13 1987 d that in (my) (our) opinion of	, to leoth occurre	d on the date of	ond hour o	ond from the	that (I) (we) lost couses stated
detached tate Dept		276. SIGNATURE	B Sem	er m		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		22c. DATE 5	SIGNED 17/87
should be det with the State		220. PHYSICIAN'S NAME ITYPE	B Sem	ne-		27e ADDRESS Joch T	raren None	3 5 4 1	UPITS	1218	
s 3 S	(urial, cremation, remova ^{specify)} Burial	23b. DATE 05/20/	'87 W.T	a. Me	metery or crematory emorial Gdns.	Cal	or town vin		COUNTY	W. Va.
16 60M 7/84	24 FL	INERAL DIRECTOR	Fun Hm	ADDRESS	ilro	ad/Short 1250 DAIR	REC'D BY	EGISTRAR 256	REGISTA	B'SGIGNAL	Unedalle

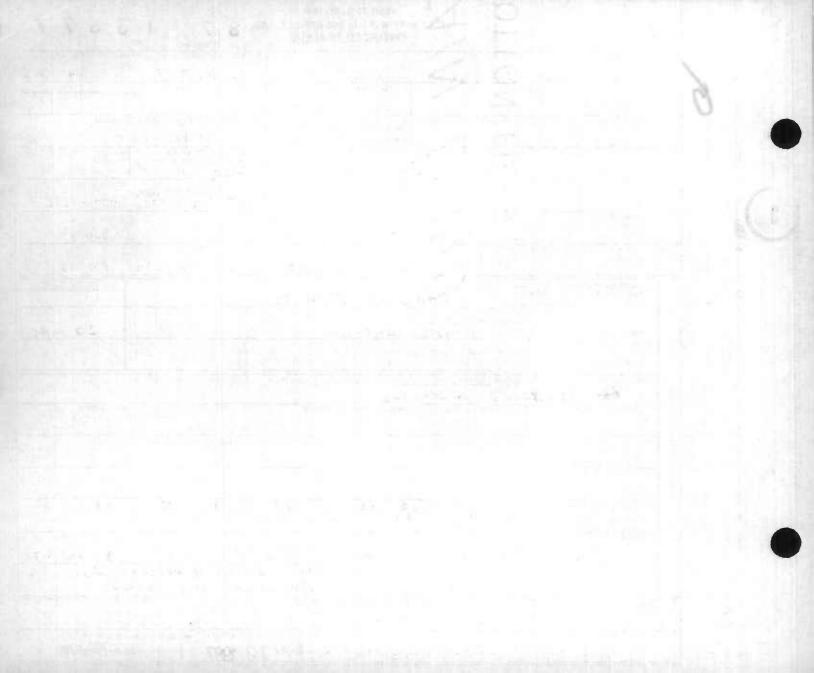


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oge 4 ms	1.56)	Mala	4. RACE	S. DATE OF	5/1909	6. AGE (IN YEARS LAST BIRT	YRS	DAYS P	FUNDER 24 HRS
0 1 7C	/a. B!	OTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIED WIDOWED	□ NEVER MARRIED □ DIVORCED □	BALTIMO			MD.
		TY OR TOWN OF DEATH BALTIMORE	ITHE SUCH FACILITY, GIVE ST	HOPK:	OTHER INSTITUTION INS HOSPIT	120. USUAL OCCUPATION IN THE OF WORK FOR MOST OF A L	ON 12 WORKING LIFE) IN	B. KIND OF E IDUSTRY	BUSINESS OR
100	N	AL RESIDENCE (IF NURSING HOME OR O 13b, COUN		2 1	3d. INSIDE CITY LIMITS? YES NO 🗌	7773 W.	North	Hel	217
2 8 × ×	PA	(Soul	AIDDLE LAST	es	Sylling I	NEO MOOLE	>	- CAST	
75		(AS DECEASED EVER IN U.S. ARA SEE NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SI WAR OR DATES) 217-16	1.6770	- Web. Ve	cords 2	¥4.		
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	RY.	pulmon of	en Aprest			APPROXIMA BETWEEN ON:	SET AND DEATH
2 2 2 2			DUE TO, OR AS A CONSE		1 we	ek			
W. Property of the state of the		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE		Ruppice			3 wee	
equite a signed Then pile to buried in buried in buried in plump.	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR COND)ITION GIVEN IN	N PART Ita	
C per	CERTIFICATION	IVE DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?	201 IF YES, WEI IN CERTIFYING YES	CAUSES OF	S USED F DEATH?
OF VITA	1.00	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL		DAY YEAR	21c. HOW INJURY OCCURR	RED {ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART 2)	
WISION Otherston The the cond Med or I	MEDICAL	ZIM INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI		PII LOCATION STREET	CITY OR TOV	VN C	OUNTY	STATE
TTENDS piral or CTOR. At for use at Health	77	220 I certify that (1) (this hospit- saw the deceared alive an- abave, (1) (we) (did) (did not	- Fin . 13m	- 1	that in (my)(aur) apinian o	ta5/31 death occurred on the do	ite and have and		ot (II (we)) ast
At OR A OR	3	Wak S	Ehliss	∩ DE	ATTENDING PHYSICIAN	MEDICAL STAF	F /	5/31	SNED 7
D HOSPITAL framed by 1 O FUNERA mould be de- ith the Soat		Schlisse	RNI)		Johns H	OF N. WOLFE	587t41	2120	5
BP	1	URIAL CREMATION, REMOVAL	6/5/82	NAME OF CEA	VI CU Ch.	23d LOCATION CITY OR TOWN	luga	YTML	WZ.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 Ft	MARALDIRECTOR CHARLES	2 1912 12	1. Word	t Aus 250. DATE	RECO. BY REGISTRAR	11	SIGNATUR	/1





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yan	r. page 3 fter death	1/2	3. SE.		4 RACE	barney	5. DATE C			YEARS LAST BIRT		IF UNDER 1 YEAR	
Je 4	director.	0		female	black	<	MONTH 9	1 1932	54		YRS	ONTHS BAYS	HOURS MIN.
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0	with	18	10 C	TY OR TOWN OF DEATH		HOSPITAL, NU		OR OTHER INSTITUTION		OCCUPATION	ON F WORKING LIFE)		OF BUSINESS OR
0 0	by th	多日		Baltimore				Hospital		abled		INDUSTRI	
- 8	De p	9	USU.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION		BEFORE ADMISSION)	1134 INSIDE CITY LIMITS?			7IP CODE	1	4
. 7	anid -	mus		Md Isa Cook	and the last of th	Balti		YES X NO	1828	Drui	ZIP CODE d Hill	Avenu	e 21217
J.	2 sh	Sine	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN	VAME				.,
3	100	(2)	1	Albert	R.		y, Sr	Luci11e		MIDDLE		Bun	idy
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L P	e hos	**************************************	RTIF						YES 🗌	NOXX	YES		NO 🗌
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PHYSICIAN	certi	Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P. P.	.M.	19						
PHY	ottending er this cer s the buria and Ment	0	VED	21d INJURY OCCURRED		OF INJURY	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
DING	offer off	morked		AT WORK AT WORK				The state of the s					
N.	OR: A	is in		220.1 certify that (1) (this hospi			0 -	19 8	3 , ta	3~			that (I) (we) last
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8	y the hosp AL DIRECT detoched f ate Dept. a	If hem		226. SIGNATURE	1	1		DEGREE ATTENDING	MEDICAL	STAF	F		SIGNED
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10.0	4	-	230	BURIAL, CREMATION, REMOVAL				CEMETERY OR CREMATOR	CIT	YORTOWN	41173	COUNTY	SI ATE.
В	3P	-		Burial	5/13,	/87	Garris	on Forest Ve		ings	Mill		Mďa
DHA	AH - 16 60M			UNERAL DIRECTOR		ADDR	ESS	A A A	ATE REC'D. BY		100	Sharen.	
	(VRA 15, 4)	W	n. C. March F/H	Wes:	t 4300	Wabash	Avenue MA	Y 12 19	87	THE HERVIO	bon-Aan	The same of the sa



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STATE OF MARYLAND

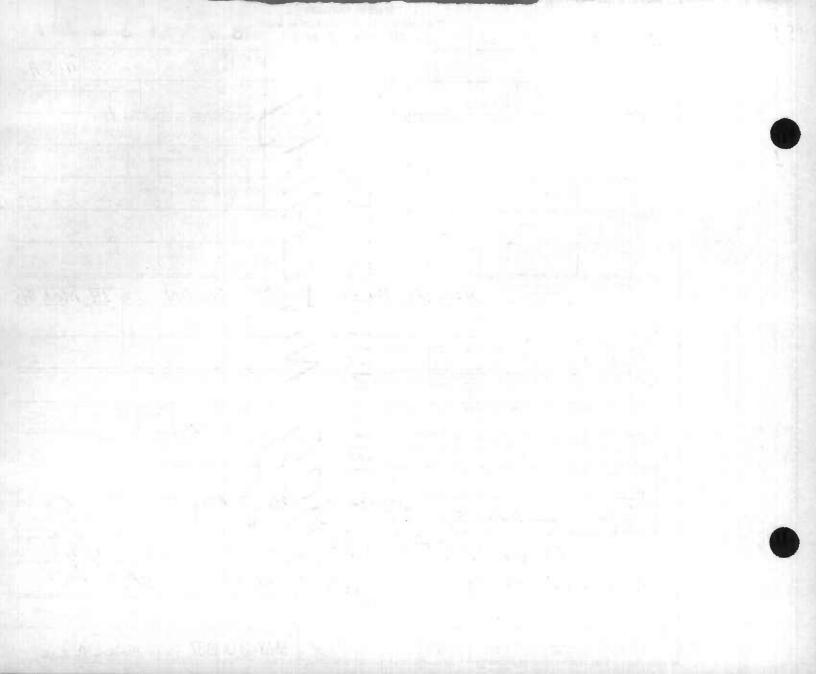
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11	REGISTRAR			REG. N	O.		
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
11.72	Jerry	Henry	Jones	May 04,	1987		10-
3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR			IF UNDER 24
1	Male	White	08/12/05 YEAR	81		NIHS DAYS	HOURS
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	9. BALTIMORE CITY O		F DEATH	
	Maryland	USA	MARRIED NEVER MARRIED	m 911	e		
10. C	Randallstown	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON (IFE)	INDUSTRY	
USU 13a.	STATE III COU	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	136 STREET ADDRESS / 206 Chur			211
7	ATHER'S NAME FIRST Jeremiah R. Jo	MIDDLE LAST	15 MOTHER'S MAIDEN P FIRST Ida	Chinault			
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT	AD270	& Churc	ch Rd.	
Service of the servic	NO NO	218-32	-2513 Donald J. 3	Jones Sr. Re	eisterst	town M	ID 2
		DUE TO, OR AS A CONSEOU	JENCE OF OSO			10-	from
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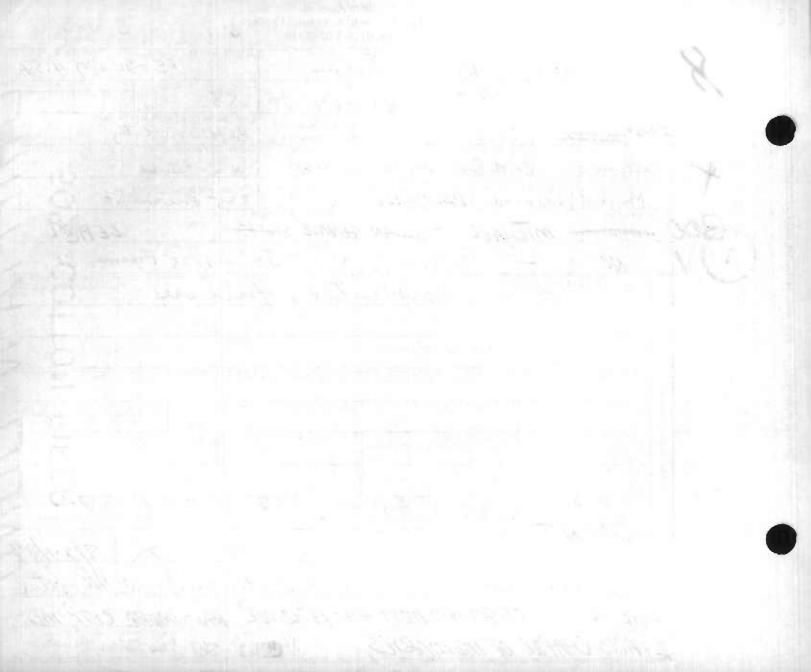
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equires that the death consigned by the attending Then please remove carboral, cremation, or injury, or ather troumotic		NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	NCE OF	T NOT RELATED TO THE TERM	NIMAL DISEASE OR CONDITION GIVE	EN IN PART 1 o	
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TTENDIN pital or TOR: Aff for use or of Health			220.1 certify that (I) (this hasp	ital) attended the disceased from	87.	nd that in (my) (aur) opinion	to 5/26, death occurred on the date and hour	and from the cous	(I) (we) lost ses stated
AL OR A the hos AL DIREC detached ate Dept			226. SIGNATURE	Shu		DEGREE ATTENDING PHYSICIAN E	DIRECTOR PHYSICIAN	22c. DATE SIGN	-
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. = STATE U REGISTRAR REG. NO DECEASED NAME DATE KNOWN 2b. HOUR (TYPE OR PRINT) Lela Flora ESTI-Kalaman DEATH MATED 1987 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR JE UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 4:157 White 8 27 59 DEAD 1987 Female 5 - 31BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED U.S.A. WIDOWED -DIVORCED SC Maryland Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore 6115 Fairwood Avenue Homemaker Home ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO 16115 Fairwood Ave. Maryland Baltimore Cith YES be 21206 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST William King Marv Guener 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 21206 YES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) 217-25-7570 6702 Linden Ave. Mrs. Denise K. Jones CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Chronic Alcoholism DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BUR! NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 2 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 214 INTURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET WHILE AT WORK CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW

TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Natural causes Accident Hamicide _____ Suicide Undetermined manner TITLE (SPECIFY) M DASSISTANT MEDICAL EXAMINER SIGNATURE 5-31-87 EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn st., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 6/1/87 Cremation Westview Cemetery Balto. Balto. Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21204 **DHMH - 17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. 1050 York Rd. Corder

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH L DECEASED NAME HYPE OR PRINTI CHRISTOPHER KAMMERER MAY 12, 1987 12:40AM & AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3 SEX June 6. 1919 67 White Male 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balltimore. Md. U. S. A. BALTIMORE CITY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR Pumproberator JOHNS HOPKINS HOSPITAL BALTIMORE Steel Co. 136 COUNTY Baltimore 130 STREET ADDRESS / ZIP CODE 108 N. Potomac St. -21224. 113d. INSIDE CITY LIMITS? Md. YES X NO T 15 MOTHER'S MAIDEN NAME CEATHER'S NAME Margaret Stroehle Christoph Kammerer 17. INFORMANT 108 N. Potomor St. -Balto. . Md. 166 SOCIAL SECURITY NO. ARMED FORCES? 219-07-5624 Mrs. Leah M. Kammerer 21224. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Cardine 2 minutes DUE TO, OR AS A CONSEQUENCE OF Respiratory Arrest Conditions, if ony, which gave rise to immediate couse (a), stating the Chronic Obstructive Pulmonary Discuse underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21e PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) atlended the deceased from Thecen 12 saw the deceased alive an above, (I (we) (did) (did not) view the body ofter death. and that in (my) (our) apinion death occurred an the date and hour and from the causes stated 22h SIGNATURE DEGREE 221 DATE SIGNED 5/4/2197 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 601 N. Broadway Balto, TUD C-Lowel 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY Burial Burial 5/15/87 Meadowridge Mem. Park -Dorsey Rd. HowardCnty

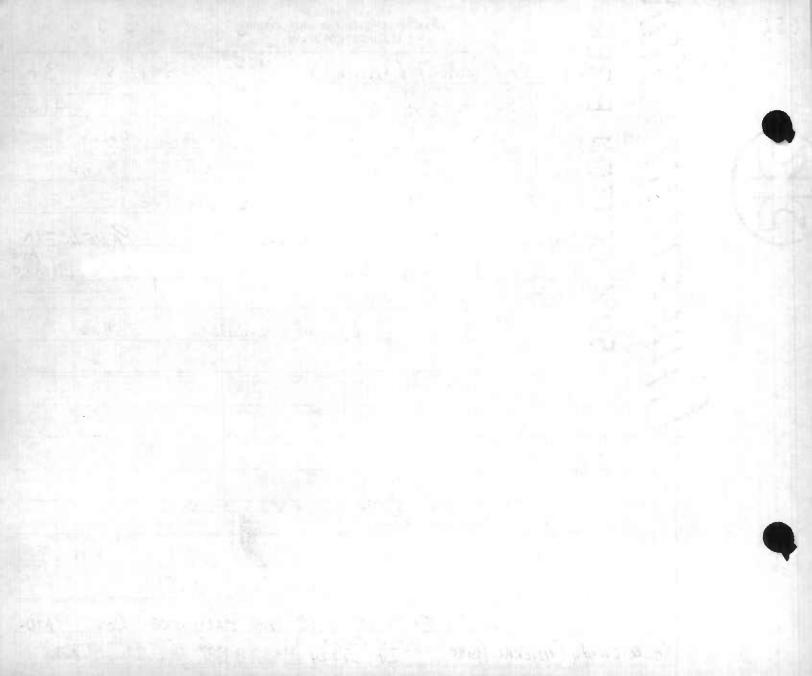
4 FUNERAL DIRECTOR JOHN A. Moran, Ind. Funeral Homers. Date Recipional Strange Signature DHMH - 16 60M 7/84 Julia Devideon Pandage 3000 E. Baltimore St.; Balto., Md. 21224

(VRA 15, 4)

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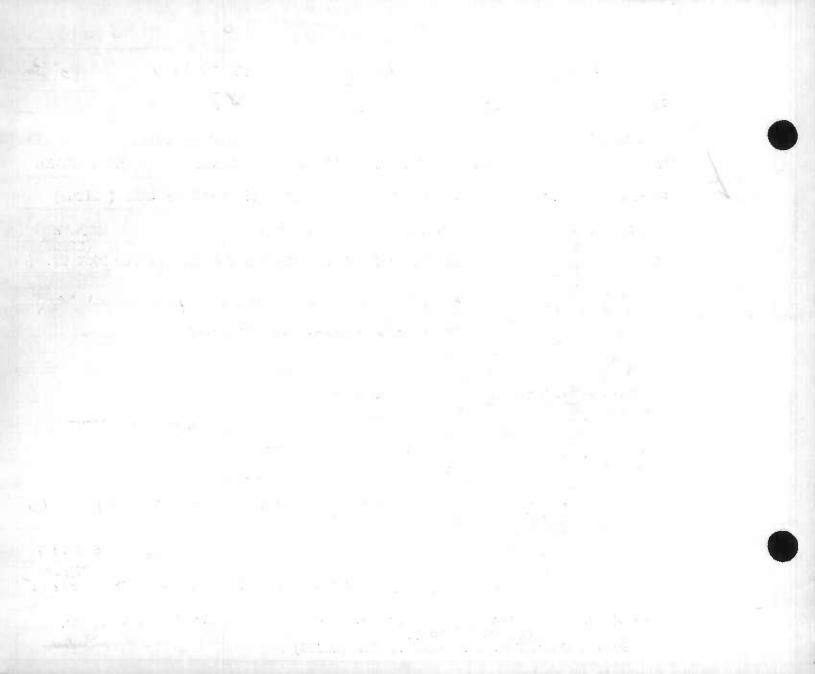
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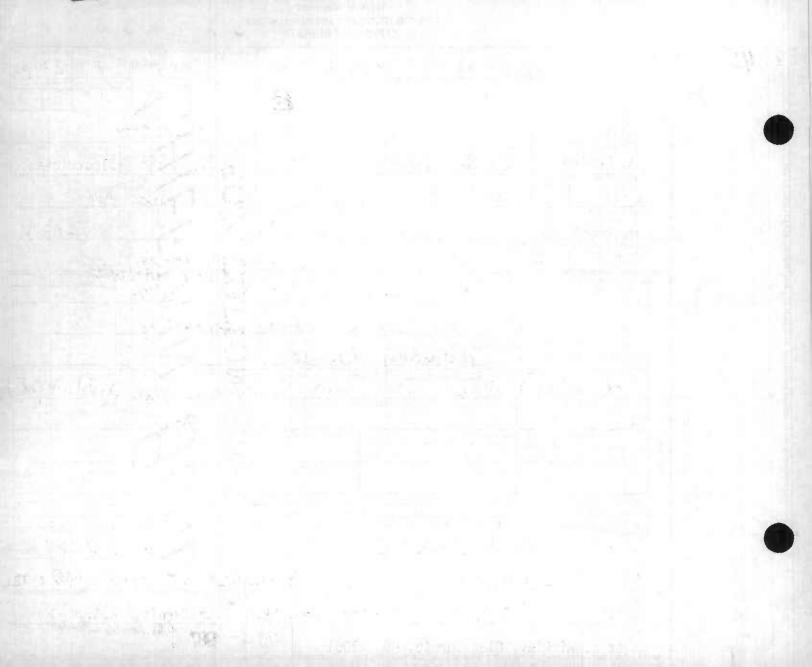
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(VRA 15, 4)



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		1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	1 3	5 8	30
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	DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOI 010 MREISTERSTON					ROSED REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATU	RE

	STATE OF MARYLAND	
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37/1/4	FRANCIS KEFFER LYDIA - MIDDLE HIGDE	N
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ned by	(YES YOS WINNOWN) (IF YES WIN 20 RDATES) 212106079 Doris I. Keefer, same as 13	
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a 2 a 2	obove, (1) (we) (did) (did not) view the body ofter death.	
ERAL DIR se detache State Dep ANT: If he	271 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF	,
FUNERAL UId be det to the Stote ORTANT:	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	1 . 1 40
O of the day	MICHAEL KAZAK 3001 S. HANOVER ST. BALT. MOZ	21231
	Be BURIAL, CREMATION, REMOVAL 236. DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION	STATE
		DATE
H - 16 60M 7/84	FUNERAL DIRECTOR NAME ADDRESS ADDRESS	d
(VRA 15, 4)	James S. Kirkley, Glen Burnie, MD 21061 MAY 4- 1987	



Leanora Mary 3. SEX 4 RACE Female White BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? COUNTRY) Md. U.S.A. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY Md. Baltimore 14 FATHER'S NAME MIDDLE LAST Jerome Leo Hahn Sr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 217-09-6801 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DE ATH WAS CAUSED BY-Lung IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. bu CERTIFICATION POST-obstructive Preumonia 710 ACCIDENT WAS UNDERLYING **71h TIME OF INJURY** OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 210 PLACE OF INJURY (AT HOME, STREET, FATORY, OFFICE, FARM, ETC.) 220 I certify that (1) (this hospital) attended the deceased from sow the deceased alive on 516 obove, (I) (we) (did) (did not) view the body after death. 22h SIGNATURE TO FUNERAL I should be deto with the Stote IMPORT, Jeffrey A. Grass, M.D. 230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

DHMH - 16 60M 7/B4

(VRA 15, 4)

Burial

3331 Brehms Lane, Balto. Md. 21213

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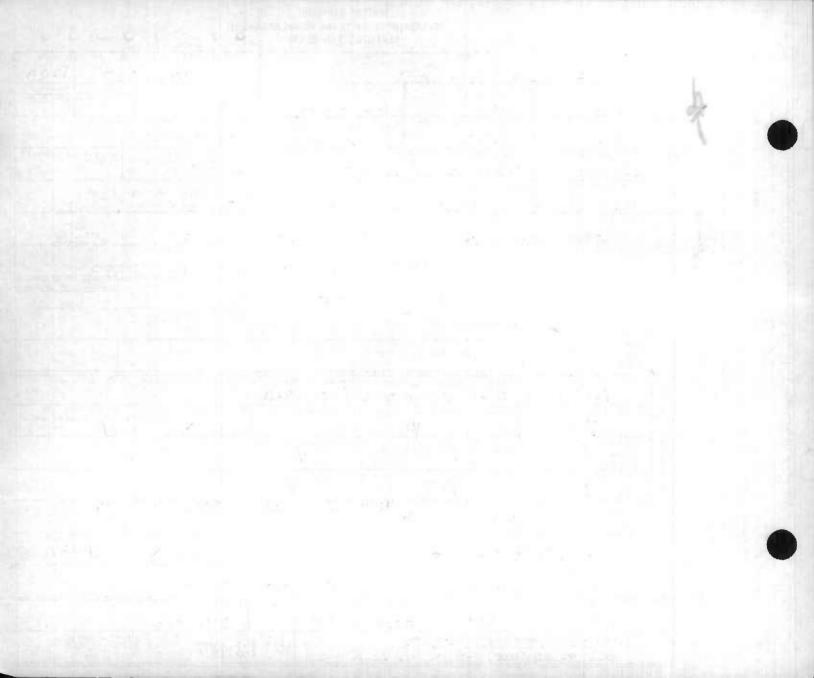
REGISTRAR

DECEASED NAME

- STATE

TYPE OR PRINTS

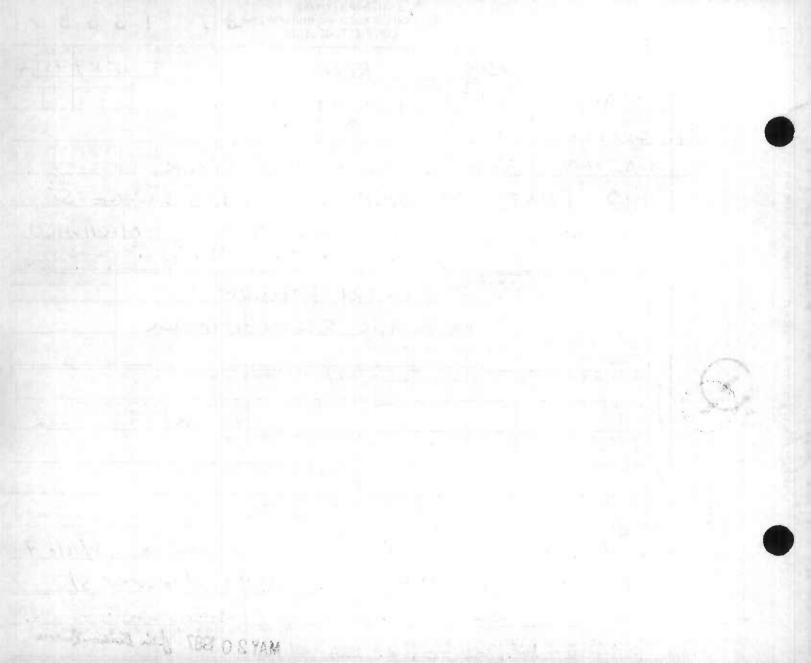
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 75 HOUR 20. DATE OF DEATH 8,87 120 A M May & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS MONTH DAY YEAR 77 1909 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Union Memorial Hospital Homemaker 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES 🔀 NO 5124 Wright Ave 21205 15. MOTHER'S MAIDEN NAME MIDDLE Titlow Helen May 16b SOCIAL SECURITY NO 17 INFORMANT (dghtr) same address Mary Reeves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cancer PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES 716 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. WONTH DAY YEAR 211 LOCATION CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 224 DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 201 University Parkway 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Gardens of Faith 5/11/87 Baltimore Md. 74 FUNERAL DIRECTION NAME SCHIMUNEK FUNERAL HOME DREJING. 750. DATE REC'D. BY REGISTRAR IN REDISTRAR'S SIGNATURE MAY 12 1987



Eastern Ave. Baltimore, Md. 21224

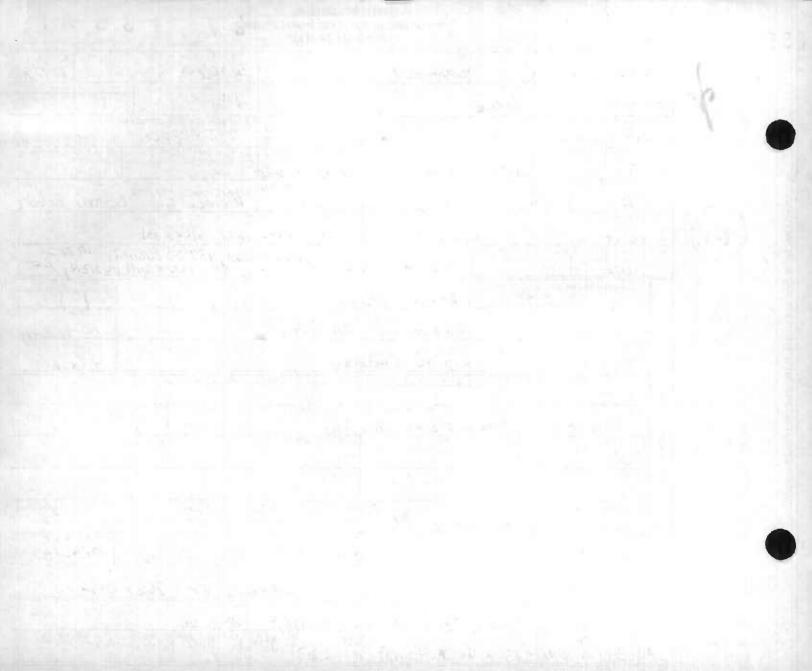
(VRA 15, 4)

STATE OF MARYLAND



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Sprite Sprite CTO for for of h		saw the deceased alive an above, (1) (we) (did) (did no	st) view the body after death.	ond that in (my) (our)	opinion death occurred on the de	ate and hour and from the couses st	stated
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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** MEDICAL EXAMINER'S CERTIFICATE OF SEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN ANTH DAY (TYPE OR PRINT) S NECESSARY, PLEASE FUNERAL DIRECTOR. : 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, ESTI-M. DELORES **KERN** DEATH MATED 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER TYR. IF LINDER 24 HRS 2c. DATE 2d HOUR 62 VDC PRONOUNCED 13,1925 F Cauc. 19 87 DEAD TE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Balto., Md. U.S.A. Baltimore City WIDOWED DIVORCED FILED, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore S. Highland Ave. export-import cl Hutzlers USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | Highland Ave. 21224 13a. STATE 136 COUNTY 13c. CITY OR TOWN Balto. Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EElizabeth Greensfelder Anthony J. Kern Marie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) 220-20-3951 Charles J. Kern. 210 S. Bouldin St no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19g. DATE OF OPERATION USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? JATE SH. JOED TO THE CHI. SE 3 SHOULD BE TO TERM NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL P.M 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, APAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STYLMORE, MARYLAND, 2 Inspection X 220 I certify that I took charge of the remains described above, held an Autapsy death resulted from: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chief 5-23-87 DATE SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OF CREMATORY Baltimore, Maryland 5/26/87 Greenmount Cem. cremation-bur. 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Joseph N. Zannino, 263 S. Conkling St (VR A15 ME (5))

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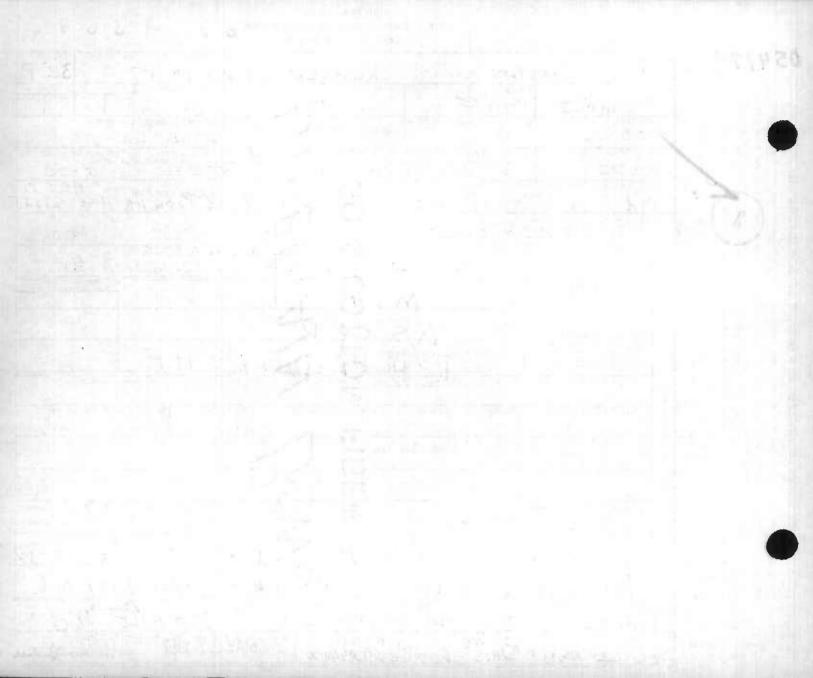
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Joseph Johnson 2 1 Con Line E

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10	of the to	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 6526 PARK HT	ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE	ING LIFET INDUSTI	D OF BUSINESS OR
AND 212	1	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE TO	ORE ADMISSION)	138 INSIDECITY LIMITS? YES NO	130 STREET ADDRESS / ZIP (APT B E 21215
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death ce by the otheriding cale remove corb al, cremobility or other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	5	CVP Ht during	er C.H. F		
RDS, 20	equires Then plant Then plant Injury, o	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART	Ito
AL RECO	he les	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IN C	IF YES, WERE FINE ERTIFYING CAUS YES T	DINGS USED SES OF DEATH? NO
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DIVISION	NG PHY offer this os the bu th and M orked or	MEDICAL	21d INJURY OCCURRED WHILE ON TWHILE OF AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	ATTENDI Spitol or CTOR: A d for use of Health		saw the deceased alive an abave, (1) (we) (did) (did no	tal)-attended the deceased from 19.	\$7.0	nd that in (my) (and apinion o	death occurred on the date one	d haus and from t	the causes stated
	by the ho ERAL DIRE e detoched Stote Dept		22d PIN HUAN'S NAME LLYPE O	n Romb	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Am	-19-87
	TO HOSPITAL (retained by the TO FUNERAL IS should be deto with the Store I MPORTANT: If	22- 1	MARVIN	BomBA	0	801 F	use lage ave	1817	Ind.
	BP		SURIAL, CREMATION, REMOVAL SPECIFY) SURIAL JUNERAL DIRECTOR	MAY 20,1987	SHAB	REI 2000	23 LIGRATION SIGNED	ALE	Md STATE
	DHMH - 16 60M 7/84 (VRA 15, 4)	5	SL. LEVINSON	7 Bras - 6010	PEIST	ERSTAUN 250 DATE	MAY 2 7 1987		der Randale

STATE OF MARYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE	R	7
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11	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. N	0.	2	0	1	
	CEASED NAME	FIRST		AIDDLE		AST	20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HOL	JR I
LIAME	ORPRINT) E1	INEST	r	<i>H</i> .	K	EYS			05	03	87	11.3	55 AM
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IA FA	ATHER'S NAME FIRST	MIDD	ı€	LAST		15. MOTHER'S MAIDEN N	AME	MIDDLE			LAST		
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	VAS DECEASED EVER IN	U.S. ARMED		166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRE	SS	- 1			
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	18 CAUSE OF DEATH	Enter only o	ne couse per	line for (a), (b), one	l icu	1 -	1				APPROXI	MATE INTE	RVAL D DE ATH
	PART I. DE ATH WA	S CAUSED BY		Resp	1264	tony Faix	me						
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	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b)												
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FIG	Maria Varia						VEC F	1 NOT	IN CERT	IFYING C	AUSES	OF DEA	TH?
ERT	21g. ACCIDENT WAS UNDER	NYING []	21b. TIME OF	F IN ILIRY		21c. HOW INJURY OCCU	YES L			res [D - 07 01	NO [
	OR CONTRIBUTING CA			M. MONTH DA	Y YEAR	THE TIOM MAJOR! OCCO	KKED (ENIE	NATURE OF INJUI	CA IM IIEW IR	PARTION	PART 23		
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MEDICAL	21d. INJURY OCCURRE		21e. PLACE C	DF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	co	UNTY		STATE
~	AT WORK ON AT WORK						57.74				700		
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	saw the deceased obove, (1) (was (dic	alive an) (def ast) vie	ew the bady	alter death.	Z_, ar	id that in (my) (aur) apinia	n death accu	erred on the do	ote and ha	our and fr	am the c	auses st	ated
	226. SIGNATURE		1 - 0	Luitte	TT DEGREE					22	c. DATES	SIGNED	
	K	an	Foll	rulla	U	ATTENDING PHYSICIAN	MEDICA DIRECTO	AL STAF			5/:	3/8	7
	22d. PHYSICIAN'S NAM	AE (TYPE OR PRI	NI)	714		12e ADDRESS 26	00 1	ibert	LH	1019	Tits	Ar	e
	KAI	1 646	M17	1112		Bal	hmi	40,1	1D	0	MA		

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

24 FUNERAL DIRECTOR

5-6-87

236. DATE

230 NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY STATE

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detoched for use as the buriol-tronsit permit. Then please remove cores with the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, as

IMPORTANT. If Hem 21 is marked ar Hem 18 shaws

injury, or other troumotic

State Anatomy Board Balto., Md. 25 REGISTRAR'S SIGNATURE

WAY O 8 1987 JUL TENTE PLAN

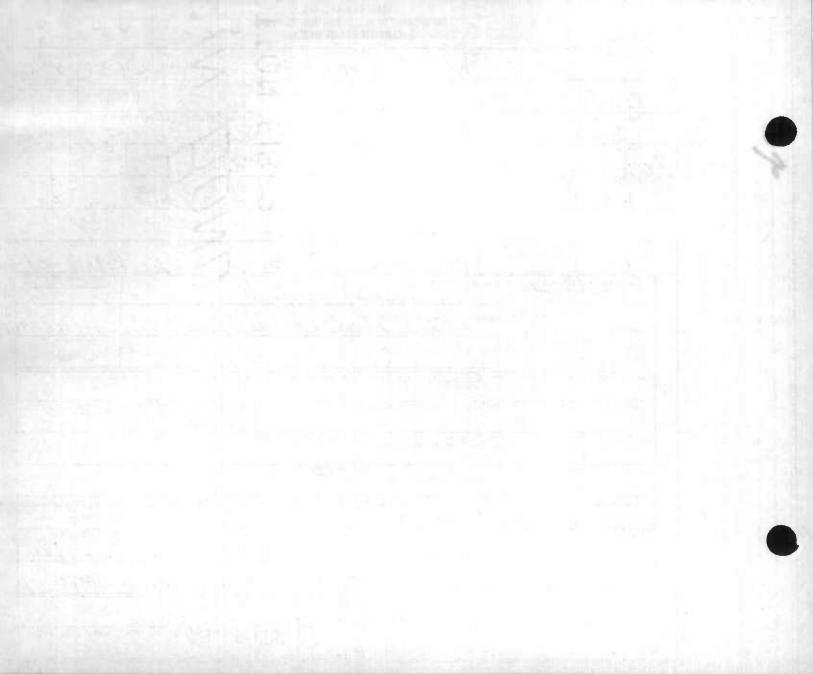
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR J. DECEASED NAME DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-ERAL DIRECTOR.

OR YOUR FILES.

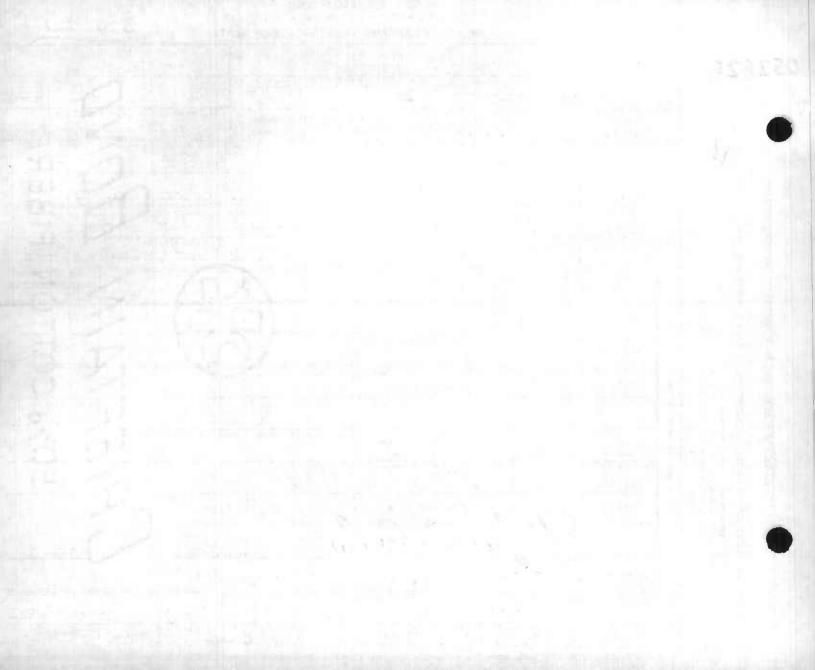
ITHIN 72 HOURS

PRESTON STREET, FRANCIS DEATH MATED □5-11-87 19 KILIAN 2d. HOUR 1 SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS YEAR DATE YEAR LAST BIRTHDAY DAY PRONOUNCED DEAD 5-11-87 19 2:28P 9 BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE (STATE OR LOUNTRY? FOREIGN COUNTY MARRIED NEVER MARRIED Baltimore City WIDOWED [DIVORCED [11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTE OF NOT IN SUCH FACILITY. GIVE STREET ADDRESS) PACKING O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Foster Avenue (Food Market Baltimore JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY 13d. INSIDE CITY JAMITS? 13c. CITY OR TOWN YES NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160. WAS DELLE SED EV EVER IN U.S. ARMED FORCES? LIE YES GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), APPROXIMATE INTERVAL LONG W BETWEFN ONSET AND DEATH PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIEVE Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION ARTING THE WAS ARED TO THE CHIEF WAS AGE 3 SHOULD BE USED AT ATE DEPARTMENT OF HEA ATE OF PRINCE TO BUILD. 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES KOKON 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING GR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 11 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR, PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY NOT WHILE AT WORK X 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion death resulted fran Notural causes Hamicide Undetermined monner TITLE (SPECIFY) 5-12-87 DATE Assistant SIGNATURE MEDICAL EXAMINER SIGNED Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY 07/84 25M 250. DATE REC'D. BY REGISTRAR **FUNERAL DIRECTOR DHMH - 17** (VR A15 ME (5))

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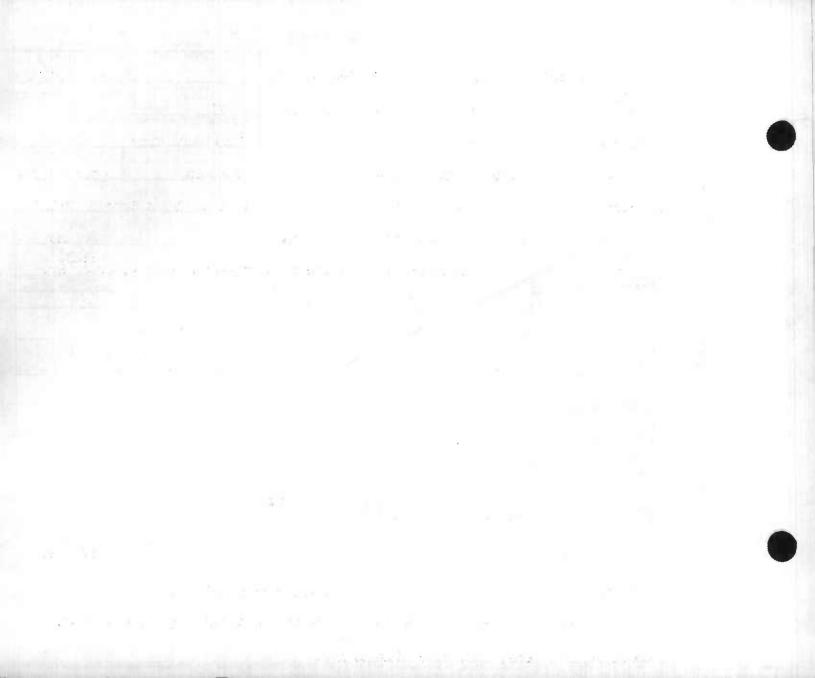
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	TO MEDICAL E EXECUTE THE C BAGE 4 SHOU TO FUNERAL! AFTER DEATH BATTIMORE. N		EXAMINER'S I	NAME T	John i	. Smi	alek,	M.D.		ADDRESS 1	1Penr	Str	eet		-60	
000	584544	23a.BU	URIAL, CREMAT	ION, REMOVAL	23b. DATE		23c. NAA	AE OF CEM		RCREMATO		23d LC	CATION ORTOWN	cour	NTY	STATE
190%	/BP		Remov		5/4/8	37				m. Pa		Dr	ospectvil	lle-Mon	tgomery	_
7 254	DHMH - 17 (VR A15 ME (5))	24 FL	NAME 333	imunek F 1 Brehms	uneral Lane,	HOme Balt	o. Mo	: 212	13		MAY		REGISTRAR 256 R	REGISTRAR'S	OHNTY	
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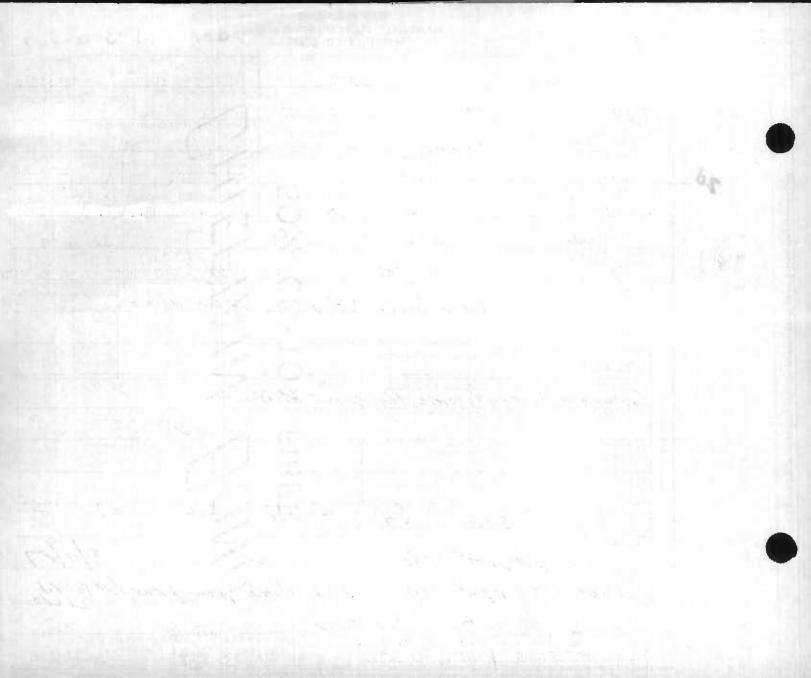
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)

STATE OF MARYLAND



		1				STAT	E OF MARYLAND				
05	3647 HAY	10	FOR STATE REGISTRAR			CERTII	IEALTH AND MENTAL HYG	REG. NO		6 9	9
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	fer po	3. SE	X	4 RACE		5. DATE		6. AGE (IN YEARS LAST BIRT	MONTHS	DAYS HOURS	AIN.
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10	1	1	BALTIMORE		LRAY DR.		A (21209)	HOUSEWIFE		T HOME	
BALTIMORE, MARYLAND 2120	9 55/4/0		AL RESIDENCE (IF NURSING HOME STATE 136. CO	OR OTHER INSTITUTION		ADMISSION)		13e.STREET ADDRESS /			1946
Q N	2 11 47	100	. MIAMI BEACH	ONT	FI.	N	AES MEX NO	3731 N. COL	INTRY CLI	IR DR 3	3160
YLA	1 11		ATHER'S NAME		1 - 2		15 MOTHER'S MAIDEN NA	ME	MIRI OER		,100
AAR	350	D	WILLIAM	WIDDLE	NADEL		MOLLIE	MIDDLE	G	OLDSTEIN	,
E. A	-		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	APDRE	209)	OLDSTEIN	
WO	(3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1	YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	088-26-1	547	MISS SHERISE			COLINTRY	DIM
E	1	-	18 CAUSE OF DEATH (Enter				1 MIOO OHERIOL	KLOFFIAN 3/	UT CRUSS	APPROXIMATE INTER	_BLV
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	quires that the death certification of the please sembles of the please sembles of the jury, at other traumatic ever	7	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	(c)	OR AS A CONSEQUE	NCE OF	Mysignaut NOT RELATED TO THE TERM			PART No	
Ö	rior I	₹	19a DATE OF OPERATION	19h COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE	FINDINGS USED)
REC	nos bern	띮							IN CERTIFYING C	CAUSES OF DEATH	H?
DF VITAL	physicial physicial perificate bertificate britishment additional hygie em 18 sho	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	M. MONTH DA		214 HOW INJURY OCCUR		-	PART 2)	
VISION	S PHYSIC strending er this cer the buric ond Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	.M. OF INJURY REET, FACTORY, OFFICE, F.	19 ARM, EIC)	211 LOCATION STREET	CITY OR TOV	vn co	UNTY ST	TATE
5	Or of After Marin		220.1 sertify that (I) (the ho	soluth ottended A	ne deceased from	001	10 79	10 5/11	104	7, that (1) (=	lost
	TEN TO OR THE THE		saw the deceased alive	on_5/	19.	2.0	nd that in (my) (aur) apinion	death occurred on the do	te and hour and f	/	
	RECT RECT ed for pt. o		obove (1) (we) (did) (did 22) SIGNATURE	not) view the body	ofter death.		DEGREE			DATE DIGNED	
	F Pe O		1/11	1/	1211)	ATTENDING	MEDICAL STAF	F	Chile	7
	By the By	-	22 PHYSICIAN'S NAME TIVE	E OR PRINTS	e ILD		PHYSICIAN 220. ADDRESS	DIRECTOR PHYSIC	ANU	Silla	_
	O HOSPITA TO FUNERA should be de with the Stat MPORTANT		JEROME ,	Kann	1 41		72) 6/1	an Capinal	rue 151	Rom Wes	1
	Should with the	-		1000	4 1-10		1000	7	STOR IN	7/1	<u>a</u>
	0.66	230.	BURIAL, CREMATION, REMOV.				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUN	TY 51	TATE
149	GBP CI	24.5	BURIAL	5/12	/8/	RETH	TFILOH CEMETE	RY BALTIMOR	E	MD	
1	DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR SC	LEVINS	ON & BROS	., IN	25a. DAT	E REC'D. BY REGISTRAR	Sh. REGISTRAR'S	SIGNATURE	ME
	(VRA 15, 4)		6010 REISTERST	OWN RDBA	LTO. MD	2121	1 M.	AY 1 5 1007	Land Licind	Augusta Charles	-



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

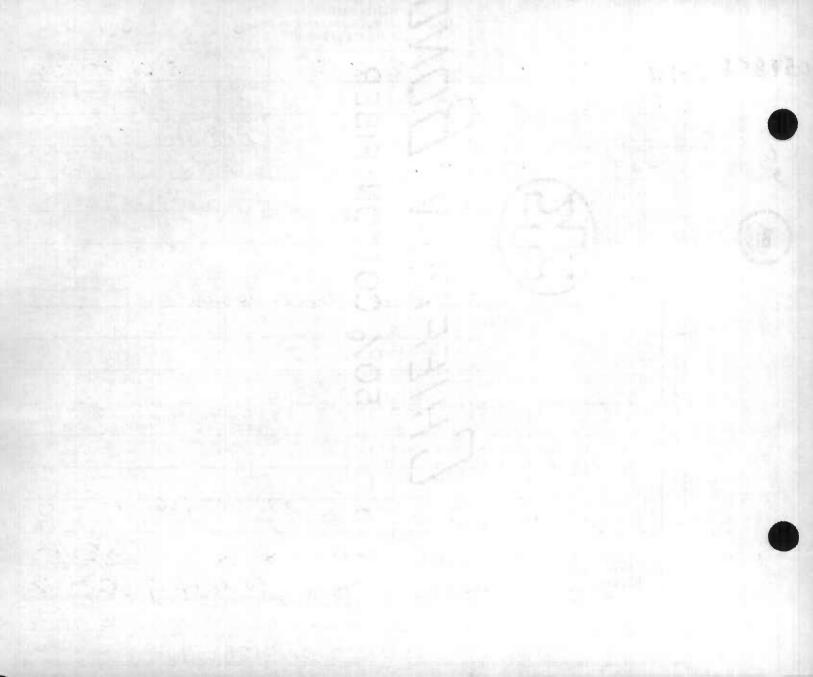
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	1-	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG	0 /	13	10	0	
١							REG, NO				
-		CEASED NAME FIRST	ce	A.	KI	ness	20 DATE OF DEATH	5 /26/ E	25 PT 10	1.30 pm	
	3 SEX		4 RACE		S DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	TYEAR IF U	NDER 24 HRS	
		Female	wh	ite	Aug	1 DAY YEAR	87	YRS MONTHS	DATS HOL	JRS MIN.	
1	70 BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	HTA		
1		Maryland	U.S		WIDOW	DIVORCED	BAHim		44	MD.	
1	10 CT	0 110	(IF NOT IN SU	CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION		KIND OF BU!	SINESS OR	
1		BALTIMORE	1:11	A St.	Mic	rael	Demonstra		Food	d	
0	130. S	L RESIDENCE (IF NURSING HOME OF		1	E AOMISSION)	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS /			-	
2			239	Baltim		YES X NO		olewood	Rd.	21239	
		THER'S NAME		1 Daloin	010	15. MOTHER'S MAIDEN NA)	1(0,0	01000	
н		FIRST	WIDDLE	LAST		FIRST	WIDDLE		LAST		
d		John		Shipley		Amolia			ahl		
i		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	55	2	1234	
y	0. 4	No		218-03-	5185	Russell J.	Kness8745	Lackaw	anna	Ave.	
BETWEEN ONSELAND PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF											
1	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE IN CERTIFYING C	AUSES OF D		
)		7 10. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	TH HOUR A	OF INJURY I.M. MONTH D I.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR P	PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM ETC)	211. LOCATION STREET	CITY OR TO	WN COL	YTML	STATE	
		220.1 certify that (1) (this haspi sow the deceased alive above, 11 worldid) (did no			1 197	nd that in (my) (our) opinion	deoth occurred on the do		om the cause		
		226 SIGNATURE OCEO	eB	P364	U		MEDICAL STAF	F	DATE SIGN	187	
		1270 PHYSICIAN'S NAME (TYPE OF	B.	Bub		27e ADDRESS	Parle &	seful	22	201	
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	0		*****	
		REMATION	MAY 2	8, 187 GE	EEN	MOUNT CEMET	ERY BALTIN	MORE - MA	RYTAI	STATE	
i		NERAL DIRECTOR	4111 2	0/ 0/ 01	, AT 11 LA		E REC'D. BY REGISTRAR			IVD	

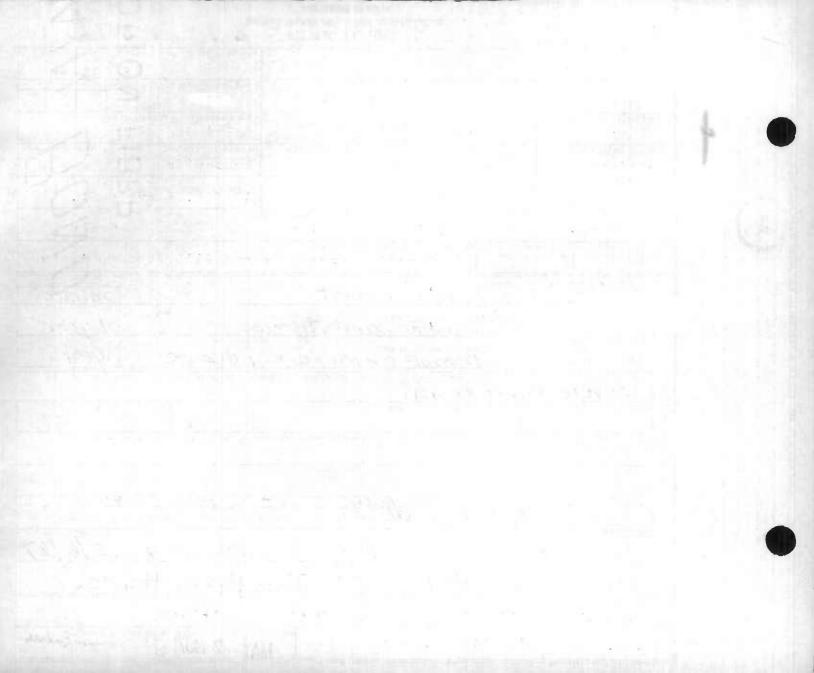
DHMH - 16 60M 7/B4 (VRA 15, 4)

WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVI.

Julia Divider Rondales



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+CRI	07	STATE REGISTRAR				CERTIF	ICATE OF DEA	ATH	8 REG. N	0.	5 /	0	
0.		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YE	EAR 2b	HOUR
noy be poge 3		AL	EASE			KNI	GHT			5		87	М
4 mo	3. SE:		1	I. RACE		5. DATE C		YEAR	AGE (IN YEARS LAST BIE	(YACHIT	MONTHS I		UNDER 24 HRS
Poge direct		Female		Bla			31	16	71	YRS.			
nerol d		RTHPLACE (STATE ORF	OREIGN 7	L CITIZEN OF		TRY? 8 MARRIE	D NEVER MAR	RRIED -	BALTIMORE CITY C	_		TH	
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rs after d by the fu	В	altimore		1300	E L	anvale	St.	NON	type of work for most a Housewif	DE WORKING L	IIFE) INDUS	STRY	ISINESS UK
ND 212	USU.	AL RESIDENCE IF NURSI STATE MD	13b COUN		Balti		13d. INSIDE CITY YES TX NO	LIMITS?	STREET ADDRESS	ZIP COD Lanv	ale	St.	21213
N In	14. FA	THER'S NAME					15. MOTHER'S M.	AIDEN NAM			34.1		
WAS SEED TO SE	1	Clarence	2	HODLE	Harr		Íď	l'a	MIDDLE		Gr	een	
MORE,		VAS DECEASED EVER		MED FORCES? WAR OR DATES)		SECURITY NO. 0 - 8832	17 INFORMANT Doroth		nner 4118		nden	Aye	enue
Sicior pers. ol.		18 CAUSE OF DEATH PART I. DEATH W.	1 (Enter only	y one cause per	line for (a), (b	o), and (c).1		-			BET	PPROXIMATI WEEN ONSE	E INTERVAL T AND DEATH
phy onpo emov				BY:	ardi	ac ar	rest					nino	-
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate								hmic	2		1	400	ar
that the that the d by the ease rer		cause (a), stating underlying cause	the	DUE TO, O	Probal	EQUENCE OF	onary c	arter	y diseas	e	19	Mar	5
RDS, 26 equires n signed Then pl r ta buri	NO	PART 2 OTHER SIGN	e h		tensi		NOT RELATED TO	THE TERMIN	VAL DISEASE OR CON	IDITION G	IVEN IN PA	RT Ito	
L RECO	CERTIFICATION	190 DATE OF OPERAT	ION				N WAS PERFORM	AED	YES NOW	IN CERT	ES, WERE F IFYING CA	AUSES OF	USED DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offer this certificate has been signs of the burial-trossit permit. They thank Amental Hygiene prior tab thanked Mental Hygiene prior tab and Mental Hygiene prior tab and and mental Bishaws ony injury		710. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJU	- 1	-		
IVISION IG PHYS attention for this or s the bur and Me rked or If	MEDICAL	21d INJURY OCCURR	AE []	71e PLACE	OF INJURY		211 LOCATION STREET		CITY OR TO)wn	COUN	ITY	STATE
TENDI Ital or OR: A or use f Heol	K	22a.1 certify that (1) saw the decease above, (1) (we) (d	d alive on_	April	16		of that in (my) (ou	19 <u>85</u> ir) opinion de	_, to, to on the d		, 19 8 7		(I) (we) lost
AL OR AL DIRECTOR OF THE PROPERTY OF THE PROPE		276. SIGNATURE	M.	Mel	ley	1	PHY	ENDING ISICIAN	MEDICAL STA	FF DIAN X	3226 1	DATE SIG	/87
TO HOSPIT. TO FUNER, should be diving the Ste		5USa	ME (TYPE OR	1. Me	Hey		1220. ADDRESS	John	s Hopkins	th	spita	20	
BP		URIAL, CREMATION, I SPECIFY) Burial	REMOVAL	23b. DATE 5/8/8			emetery or creatione Nat		Baltimo	re	COUNTY	MI	D STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		m. NAMC. Man	rch F			ss North			REC'D. BY REGISTRAR 7 1987	25h REGIS	TRAR'S SOC	SNATURE	ndres



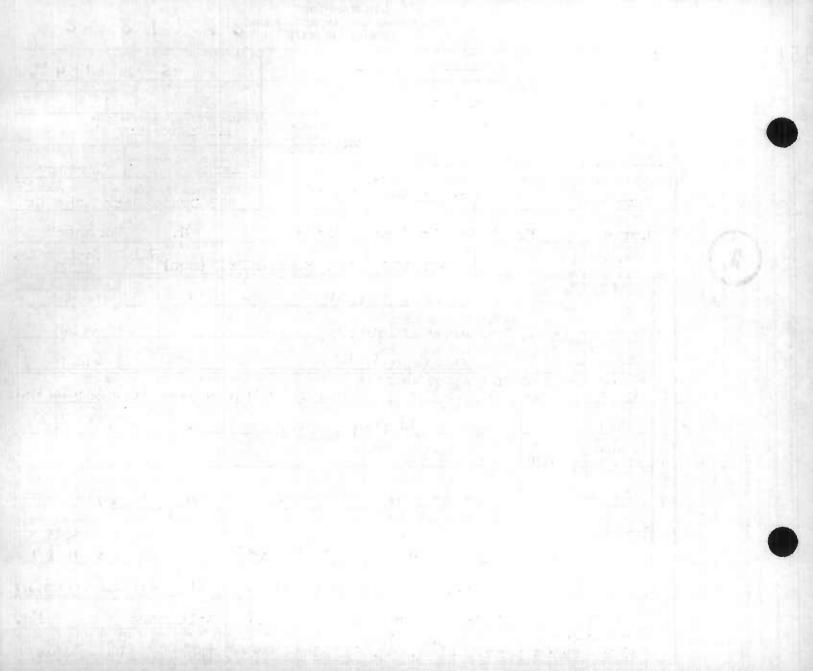
	1			STATE OF MARYLAND			
663 MAY	13.	FOR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7	13/	02
		REGISTRAR			REG. NO		The ways
		CEASED NAME THIST	MIDDLE	iašt .	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
100		Kuth	VIRGINIA	Knight		5 21 87	1 U / MM
6.4	1.58	x	A. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS	HOURS MIN.
and		Female	Black	09/05/14	12	YRS	
9 2 50		RTHPLACE ISLATE DRYDREGAL	THE CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
02	1 1	IRGINIA .	VOH	WIDOWED DIVORCED		more city	MD.
11/1/	17	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	12a USUAL OCCUPATE (TYP) OF WORK FOR MOST \$		OF BUSINESS OR
10	E	altimore	Sino		KetiRED		
10	ile.	AL RESIDENCE IF HURLING HOME OR STATE TIME COUN		TOWN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	
	M	ARY IANA	BALL	· mile YES NO [enmore Iti	ve. 21216
11 100	15	ATHERS NAME	MEDDIA . LAS	15. MOTHER'S MAIDEN N.	AME	LA'	.sı
\$1.78 C	V	KAYMONO	.5m	ith Clemasi	<	HAV	165
P4 0/	160.	WAS DECEASED EVER IN U.S. AR TES. HOUGHERHOWN 1 F 153. GIV	MED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	ADDRE	SS	
00 4		TES HO DELIMINOWNE IF YES ON	212-21	6-5601 HNNA PANA	1211 4976 1	IENMORE HY	e. 2/2/5
200		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (APPROX 8ETWEEN	XIMATE INTERVAL LONSET AND DEATH
			TE CAUSE (a)	diac Arrest			
of the second			DUE TO, OR AS A CONS	SEQUENCE OF	,		
dum dum		Conditions, if any, which	1 b) Rupo	perfusion/ CHI	= / ASCVI)	
2115		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF			
el. c		underlying couse last.	1 10 Blet	eding/ (oagu	lopa the	7	
2 6 2 6	2	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	la,
1 0 A	CERTIFICATION						
2 4 8 /	S	196 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSES	NGS USED S OF DEATH?
1116	1 2		2 200 2005 05 8111167	121-1101// 111101/ 0.66/	YES NO	YES 🗌	NO 🗌
事事を	277711	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	RRED (ENTER NATURE OF INJU	EY IN ITEM 18 PART I OR PART ?)	
8811/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19			
1288	E S	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	PERCE, FARM ETC.) 21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
orke orke	1	At work Not well					
2 1 2 E		220.1 certify that (1) (this hospi		(10)	7, to		that (I) we last
20 17			t) view the body after death	ty; and marm (my) bery opinion	n death occurred on the de	ate and have and from the	causes stated
T T T T T T T T T T T T T T T T T T T	1	17 SIGNATURE	1	DEGREE	HEDICAL STATE	22c. DATE	SIGNED
5 6 6 5		11. xx00	tuns 1	eddex ATTENDING PHYSICIAN	MEDICAL STAI		21/87
A PER ST		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS			
MPORT THE PROPERTY OF THE PROP		IV. Brooki	ns - Keddu	X, MD			
213		BURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF CEMETERY OR CREMATORY		COLON	STARE
		Burial	5/27/87	Eastview Cemetery	Baltimo	re	Md
1 - 16 60M 7/84		UNERAL DIRECTOR		25a. D.A	TE REC'D BY REGISTRAR	216 REGISTRAR SAGNA	TURE LA
(VPA 15 4)	Wn	n. C. March F/H	West 4300 Wal	ash Avenue	271987 4		

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AND RECEIPTION OF THE PARTY OF MALE COLLEGE OF THE PARTY OF TH The Aller of the Committee of the Commit

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR LIVE OF PRINTS Elizabeth Kosmicky Mary 20 87 20 4. RACE 5. DATE OF BIRTS 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR Female June 2,1911 Caucasian 75 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY Maryland WIDOWED ... II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a. USUAL OCCUPATION 12h, KIND OF BUSINESS OR UNION MEMORIAT HOSPITAL ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE Clerk Pharmacy SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21217 13b COUNTY Baltimore 13e STREET ADDRESS / ZIP CODE 807 Druid Park Lake Dr. Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE H. FIRST FIRST Habasack Eliza Franklin Armiger Thomas ADDRESS 8911 Goldentree La. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-01-7350 Wm. Edwards Jr. (son) 21221 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Immediate IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF one wech Conditions, if ony, which Urimic inceptuals gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Chrom E) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION (3) his Strah 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED Mhip catherin 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 2 L HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 5-20 sow the deceased alive on 5 30 above, (1) (we) (did) (did not) view the body after death _______, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING : MEDICAL STAFF should be deto with the Stote [PHYSICIAN D DIRECTOR PHYSICIAN woo 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Md. St. Mary's Epis. Baltimore BURIAL 24 FUNE SCHIMUNEK FUNERAL HOME. INC. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 3331 Brehms Lane, Balto. Md. 21213

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1	0	C
			4/6
DAY	YEAR	2b. H	OUR

- 1	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENT		ENE 8 / REG. NO.	3 /	Ja		
40		EASED NAME	FIRST	,	MIDDLE	L	AST		20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR		
	(rire		Rudol	oh :	R.	Kral	1, Sr.		May 19 1987		9:30 A.M		
	3. SEX			RACE		5. DATE C		VEAD	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS			
9		Male		Whit	е	Oct.	16 1906	I CAN	80 _{YF}	RS			
1		RTHPLACE (STATE OR F	OREIGN 7	6 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARR	HED 🗆	9 BALTIMORE CITY OR COU				
1		Md.	1	U.S.A.		WIDOWE	D DIVORO	CED 🔲	Baltimore C		MD.		
1		ry or town of DEA altimore	ТН	LIE NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET VILLAGE	ADDRESS)	ing Home	ION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Checker	NG HEEL INDUSTRY	ilroad		
3	-	L RESIDENCE (IF NURS	JAP COUN.	THER INSTITUTION		E ADMISSION)	136 INSIDE CITY LI		13e STREET ADDRESS / ZIP C 1307 Scheeler	ODE Ave. 2	1237		
3	A FA	THER'S NAME FIRST John	~	BIDDLE	Krall	At sa	15 MOTHER'S MAI	DEN NAM	WIDDLE	Pé	tr		
1		AS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS	1.			
4	(1	es, no or unknown)	(IF YES, GIVE	WAR OR DATES)	717-07-7	745	Marie B	. Kra	11 (wife) same	e address			
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	BY: CAUSE (a)		acute	Cardiova	scular	Collapse	APPROI	XIMATE INTERVAL ONSET AND DEATH		
		Canditions, if ony,		DUE TO, O	R AS A CONSEQU	ENCE OF	Terminal	a li	otemia	den			
		gave rise to imm cause (a), statin underlying cause	ig the	DUE TO, O	r as a conseou	ENCE	hainer ?	Disc) es	year			
	NO	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMIN	NAL DISEASE OR CONDITION	GIVEN PART I	a		
1	TIFICATION	190 DATE OF OPERA	TION	196 COND	NDITION FOR WHICH OPERATION WAS PERFORMED			D	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO				
1	AL CERTIFI	21g. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
	MEDICAL	216. INJURY OCCUR!	OLE 🗆	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	an a	CITY OR TOWN	COUNTY	STATE		
ij		22a.1 certify that (1) sow the decease above, (1) (we) to	ed alive an_		5/1/19	87, ar	nd that in (my) (our)	apinian d	eath occurred on the date and	hour and from the	that (I) (#re) last causes stated		
		226. SIGNATURO	(D	Bred	ly/		PHYS	NDING ICIAN 🗹	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	20/87		
		226 PHYSICIAN'S NA		rt Brad	() Ley		220 ADDRESS Bela	ir Ro	d. & Woodlea Av	ve.			
	23a. B	URIAL, CREMATION,	REMOVAL	236. DATE	23c	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE		
		Burial		5/22/		oly Re	deemer		Baltimore	e	Md.		
4	24 FU	INERAS CHIMON	EK FUI	VERAL H	OME INC.			25a DATE	REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNA	TURE		
					alto. Md.	2121	.3	LMAY	22 1987	Davidson R	indaely !		

DHMH - 16 60M 7/8 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and is should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal. MPORTANT: If Hem 21 is marked or Hem 18 (hows any injury, ar other traumatic event, the

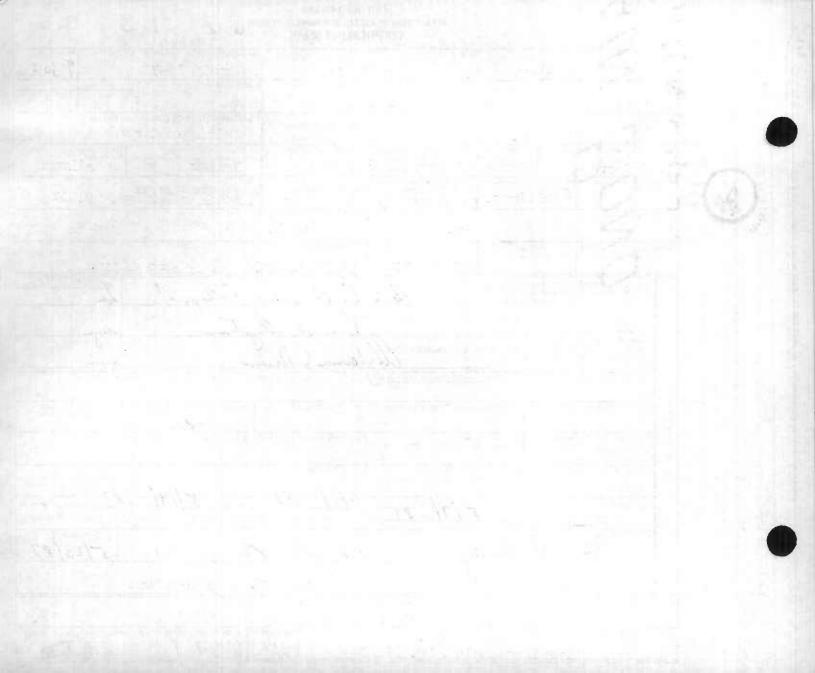
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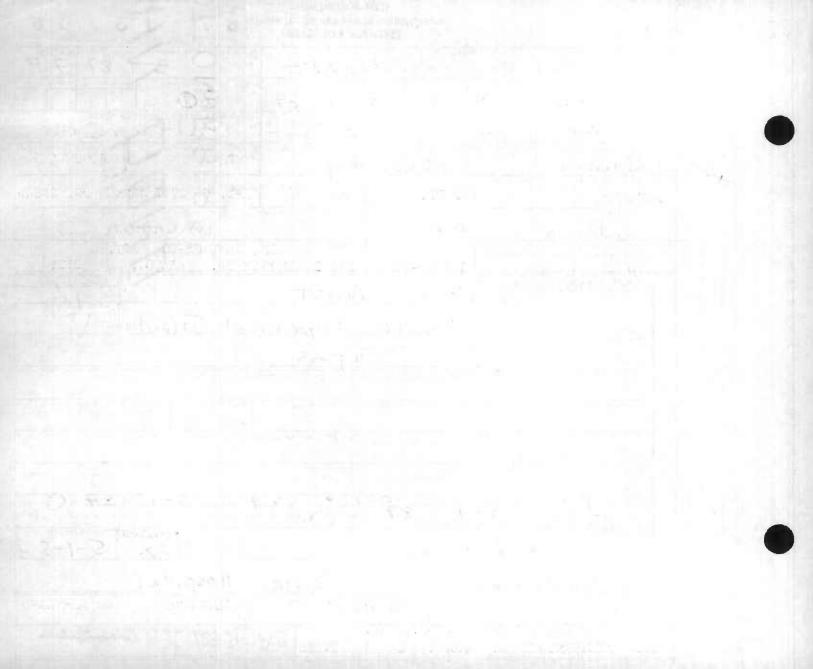
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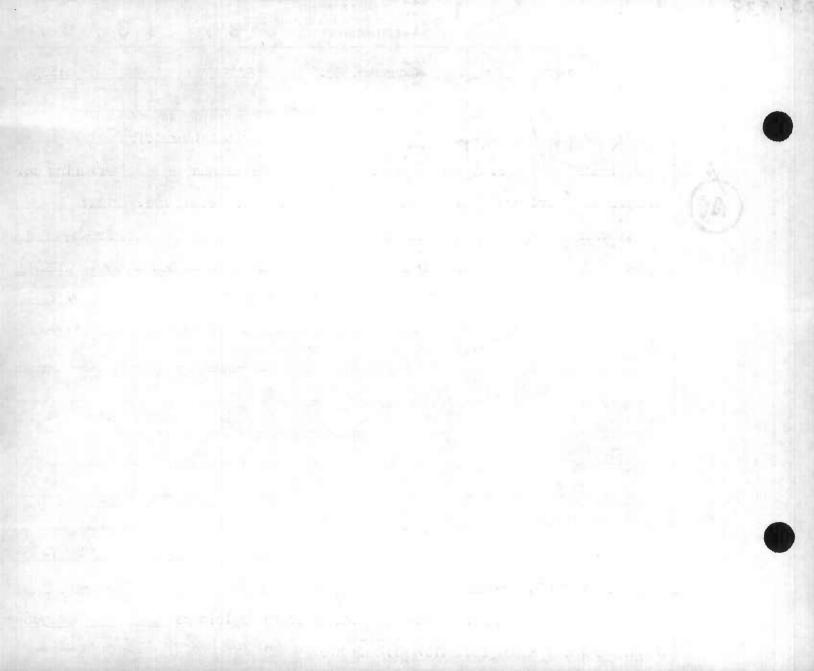
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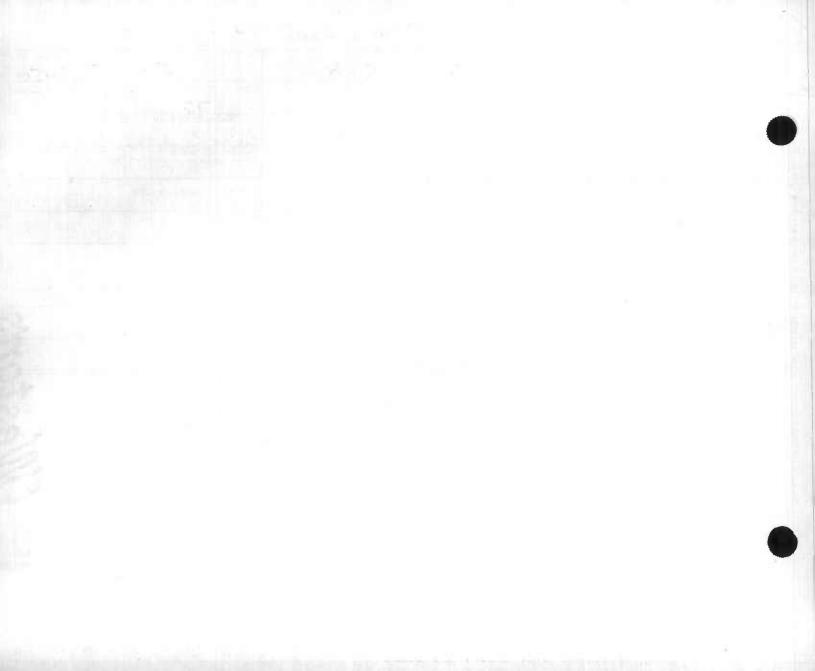
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With the State City Market Market Market Commission of the Commissio A TOTAL CONTRACT THE CONTRACT OF THE CONTRACT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

Kulynycz

REG. NO

Mav

MONTH

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

Balto.

Bibchak

2a. DATE OF DEATH

230 BURIAL, CREMATION, REMOVAL 23b DATE Burial 5/18/1987 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15. 4)

FOR

REGISTRAR

Maria

L DECEASED NAME

- STATE

(TYPE OR PRINT)

ADDRESS Balto. Zeiler, Inc. 1901 Eastern

St. Michael

Baltimore 25a DATE REC'D. BY REGISTRAR 25b, REGISTRAD'S SIGNAL IN

COUNTY

CITY OF TOWN

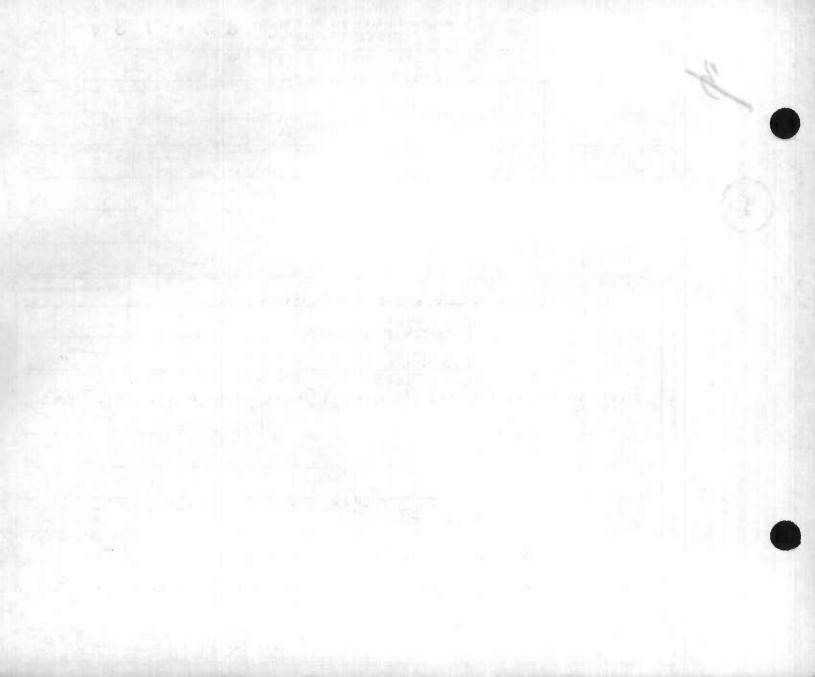
YES [

COUNTY

22c DATE SIGNED

STATE

STATE



1.DEC	STATE REGISTRAR CEASED NAME Treffe Trene	Marguerite	CERTIFICA	TH AND MENTAL HY ATE OF DEATH	REG. NO.	ONTH DAY YEAR 26, HOL		
(TYPE	OR PRINT)	Marguerite		oder		ONTH DAY YEAR 26. HOL		
2 000		111	Lade	05 03 87 2:4:				
J. 5E)		4. RACE White	S. DATE OF BI	OH 1913	6. AGE (IN YEARS LAST BIRTH	YRS. MONTHS DAYS HOURS		
7a. BI	RTHPLACE STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED		Baltimo	re (ity		
10. CI	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)		120. USUAL OCCUPATIO			
13a. S	AL RESIDENCE HE NURSING HOME OR STATE	OLHER INSTITUTION GIVE RESIDENCE BEFORM 130. CITY OR TON Baltin	nore 13d	ES XX NO		Street 21224		
14. FA		MIDDLE CAST	sse 15	MOTHER'S MAIDEN N.	AME MIDDLE	Collins LAST		
16a V	VAS DECEASED EVER IN U.S. AR		-9006 17.	Gordon Lade	r 6826 Gough	St. 21224		
7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	UENCE OF		minal disease or cond	ITION GIVEN IN PART 100		
IFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION W	VAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \(\) NO \(\)		
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	It. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART (OR PART 2)		
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE		f LOCATION STREET	CITY OR TOW	N COUNTY		
	22a.1 certify that (1) (this hosp saw the deceased alive on	19	ond t		, to, to n death occurred on the do	, 19, that (I) te and hour and from the causes s 22c. DATE SIGNED		
	228. PHYSICIAN'S NAME TYPE	OR PRINT)	22	ATTENDING PHYSICIAN PADDRESS	MEDICAL STAFI			
The same of the sa	10. CI 13a. S	TO. BIRTHPLACE STATE OR FOREIGN COUNTRY Mary Land 10. CITY OR TOWN OF DEATH Baltimore MISUAL RESIDENCE IF NURSING HOME OR 136. STATE 136 COUNTRY 14. FATHER'S NAME IF YES GIVEN IF YES GIVEN 18. CAUSE OF DEATH LENTER OR PART 1. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT (1) PART 2 OTHER SIGNIFICANT (2) 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSE	TO BIRTHPLACE STATE OR FOREAGN TO COUNTRY COUNTRY	TO BIRTHPLACE ISTATE OR FOREIGN COUNTY	The Birthplace State On Foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED WOOWED XX DIVORCED 110 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# NOT INSICH PACIFIC PURP) 134 COUNTY 134 COUNTY 134 COUNTY 135 COUNTY 136 C	THE BIRTHPLACE ISTATE ORFOREON 18 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore Baltimore Baltimore NUS A NORCED Baltimore Baltimore Baltimore Baltimore State State		

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		CEASED NAME	FIRST	MI	DDLE		LAST	2	DATE OF DEATH	MONTH	DAY	YEAR 2	b HOUR
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OR OR PORE		22b. SIGNATURE	1				DEGREE	TIENDING	MEDICAL ST		220	DATE SI	GNED
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OT of short with the state of t		BURIAL, CREMATION, R		36 DATE		23c NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	U	COUNT	,	STATE
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		0 1	ADDRE	855		25a DAT	AY 2'8 198'	756 8 SIS	TRAFTS	SNATUR	Randall
(VRA 15, 4)		St	tate A	Anatom	у Во	ard Ba	alto.,	Md.	- 0 80	0	1		

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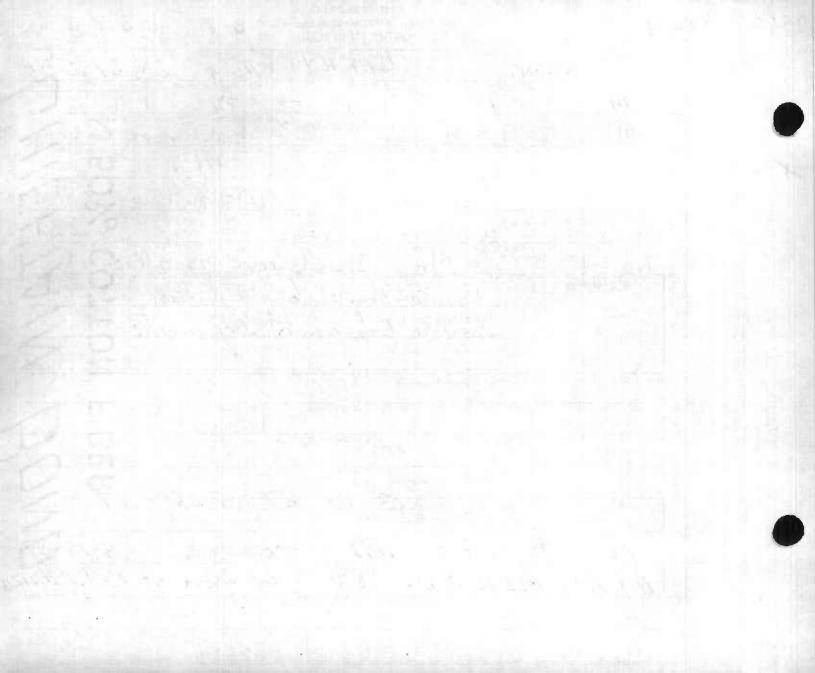
STATE OF MARYLAND

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*			STATE OF MARYLAND
1 1 2	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
1 8 JUR -	10	REGISTRAR	CERTIFICATE OF DEATH 8 /REG. NO. 1 3 / 1 A
2.3		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR
poge 3		JOSEP	HARRING HAI 23,1307 10.27 M
frer p	3. SE		4 RACE S. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTH DAY YEAR
urs o		PALE	NEGRO MAR 19, 1921 66 YRS.
7 6 20	7a B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
V CIN	10	ARYLAYN	U.S. A WIDOWED DIVORCED BALTIMORE CITY MD.
With the	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION 120. KIND OF BUSINESS OR ATTACH OF WORK FOR MOST OF WORKING LIFE! INDUSTRY
		BALTIMORE	JOHNS HOPKINS HOSPITAL KETIRED
The state of the s		AL RESIDENCE (IF NURSING HOME OR	
سي		PRYLAND	BALTIMORE YES NO 1 5915 LACKEDE RUAD 21206
William .	14. FA	THER'S NAME	MIDOLE LAST FIRST MIDOLE LAST
	V	OSEPH CAST	TERLOU PEARL LARKING
Poges		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
B Bo		YES W.L	WIT R19 051592 MRS ROMONIA LARKING 5915 LACIEDE RO 21206
t vol.		18 CAUSE OF DEATH (Enter on	only one cause per line for (a), (b), and (c),1 BETWEEN ONSET AND DEATH
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r oth		underlying cause lost.	(c)
burn ny, o	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
or to	CERTIFICATION		
s on	CA	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
and of	E E		Tempheral Vax. 12, slase. YES NOW YES NO
H 78		210. ACCIDENT WAS UNDERLYING CAUSE OF DEA	216. TIME OF INJURY HOUR AM. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Hem	SAI	(IF EITHER NOTIFY MEDICAL EXAMINER	ER) 1057 P.M. 5 23 198
N DO D	MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
orke		AT WORK AT WORK	
E S			pital) attended the deceased from 5/14 19 87 to 5/23 19 87, that (II (we) last
. of			and that in (my) (our) opinion deoth accurred on the date and hour and from the couses stated only view the body after death.
Dept Her		22b. SIGNATURE	DEGREE 220. DATE SIGNED
Z.T.		-	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7
ATANI:		22d. PHYSICIAN'S NAME (TYPE O	W. Wolling In 181
with the Sto		FNED	LEVY 1 14 - 600 N. Nolls 34.
3 ≤		URIAL, CREMATION, REMOVAL	a CITY OR TOWAL A A MONTH.
-		BURI AL	5-28-87 GARRISON FOREST V.A. BALTO CO. MO
60M 7/B4		INERAL DIRECTOR	250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
5, 4)	1. 6	SEPH L. Ruce 7	7220 W. Naprus Aux MAY 28 198/ Action Cardiagon Pandage

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(VRA 15, 4)

STATE OF MARYLAND

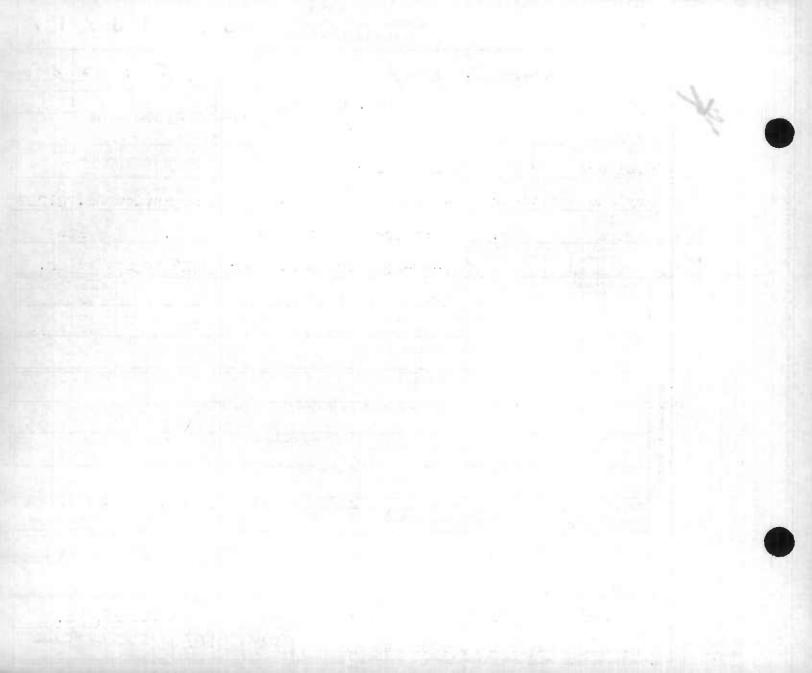
54.1 199 Pray See 2 30 17 11 a ... M

STATE OF MARYLAND 053472 MY DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭 1 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH I. DECEASED NAME FIRST MONTH 26 HOUR (TYPE OR PRINT) 5 pary IF UNDER 1 YEAR 4 RACE A DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX MONTH - DAY Se male Queasion Aug. 6 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 'ITIZEN OF WHAT COUNTRY' MARRIED NEVER MARRIED COLINTRY aryland Baltimere WIDOWED DIVORCED T ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Center altimore Medical SUAL RESIDENCE HE NURSING HE HE OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13c. CITY OR TOWN 13d INSIDECITY LIMITS? 13e STREET ADDRESS / ZIP CODE Dundalk 3426 Loganview Dr. 21222 aryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Rowe lian Scherr ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! James G. Leary 3426 Loganview Dr. 217-40-6328 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY 20 mis respirateil arrea IMMEDIATE CAUSE (a)_ DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF mulhare Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 19 214. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from DIRECTOR sow the deceased alive on 5/2 above, (1) (we) (fild) Jdid not) view the body after death and that in (my (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN T DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS PORT TO FUN should b NONCY Williams 0 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN STATE Baltimore, Burial Oak Lawn Cemetery BP. 24 FUNERAL DIRECTOR 25. DATE REC'D BY REGISTRAR 24 REGISTRAR'S SIGNAL RECORD

Connelly Fune ral Home "" Dundalk

DHMH - 16 60M 7/84

(VRA 15, 4)



4 RACE 5. DATE OF BIRTH 3. SEX 1931 White Nov Female To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland USA WIDOWED DIVORCED [D' CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE THE JOHNS HOPKINS HOSPITAL ANTIMORE MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE NH COUNTY 13c. CITY OR TOWN Md. Balto. Essex 4 FATHER'S NAME BIDDIA FIRST Theresa Howard Leary 160 WAS DECEASED EVER IN U.S. ARMED FORCES' 166. SOCIAL SECURITY NO 17 INFORMANT 215-30-0372 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DIVISION OF VITAL RECORDS, 201 WIRESTON ST Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last 1015STULCTION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d INJURY OCCURRED 21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE ATTENDING MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

2b HOUR 2;30A

20 DATE OF DEATH MONTH MAY 14, 1987

6 AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR

IF UNDER 24 HRS

55 **BALTIMORE CITY OR COUNTY OF DEATH**

BALTIMORE CITY

17h, KIND OF BUSINESS OR

ETYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Clerk in Shipping

13e.STREET ADDRESS, / ZIP CODE 405 Gerries Ave 21221 13d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

LEARY

MIDDLE ADDRESS

Schmidiman

Calvin Leary 342 Savannah Road 21221

120 USUAL OCCUPATION

IN OVANIAN CANCINOMA

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20a AUTOPSY? NOX 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F

STATE

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 ORPART 2)

CITY OR TOWN COUNTY

and that in (my) (aur) apinian death occurred an the date and have and from the causes stated

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

THE BRITE S

230 BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY 5/18/87 HollyHillCemetery

MiddleRiver Balto. Maryland

24 FUNERAL DIRECTOR

FOR

STATE

I. DECEASED NAME

REGISTRAR

WILMA

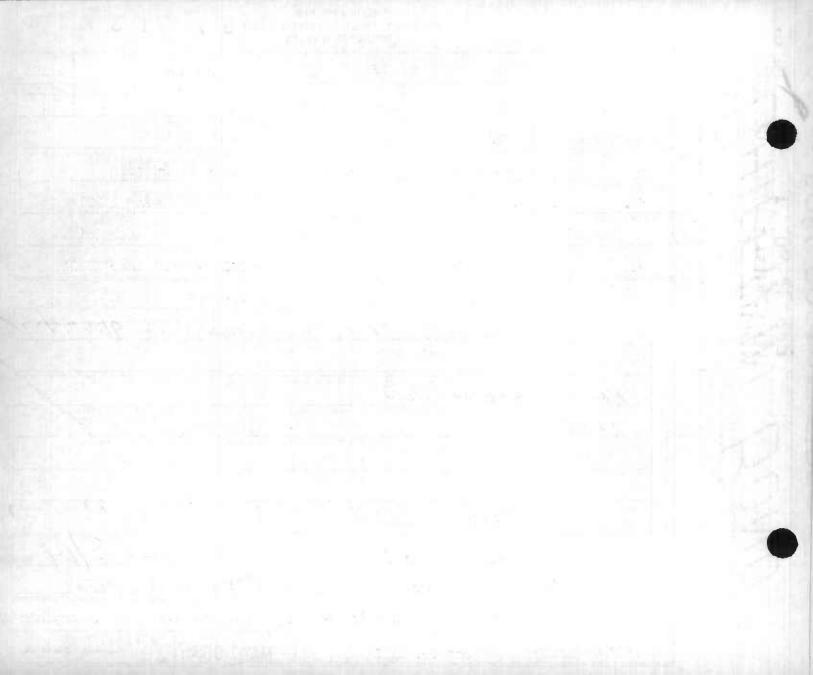
ConnellyFuneralHome 300MaceAve. 21221

23h. DATE

Julia Diordoon- Kandall

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



053503

	1.	FOR STATE			T OF HEALT	MARYLAND H AND MENTAL H	IYGIENE			28	a en
		REGISTRAR		CI	ERTIFICAT	E OF DEATH	n	REG. NO.	3	1	1 7
		CEASED NAME FIRS	τ	NDDLE	ŁAST		20 DATE O	F DEATH MO	NTH DAY	YEAR	26 HOUR O
	STATE	BER	THA		IPhi	FF		05	-06-	87	10-AM
/	3. SE	X	4. RACE	5.1	DATE OF BIR	TH	6. AGE (IN	YEARS LAST BIRTHDA	Y) IF UNI	DER I YEAR	IF UNDER 24 HRS
	2	CEMANU	1,111	TE !	MONTH	11 1900	^	86	MONIH	S. DAYS	HOURS MIN.
3/4	70 81	RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	19	11 //00		ORE CITY OR C	YRS	FATU	
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1	1	KUSS 1A	100		DOWED	DIVORCED		LTIMORE			MD.
2	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING H		HER INSTITUTION	12a USUAL	OUSEWAT		b. KIND OF IDUSTRY	BUSINESS OR
	I	BALTIMORE	LEVINO	ale. Nsc	Hon	72	XXX-XXX	XXXXXXX		AT	HOME
and the	USU/	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	HOLED!	NION)	NEIDE CITY LIVERS	Lis expers	ADDRESS 17	a cope AP	T.A-3	(21208)
3	1	11	A CONTRACTOR OF THE PARTY OF TH	Promis		NSIDE CITY LIMITS	270	ADDRESS / ZI	KWWD	Sand	DIE DE
1	14 FA	THER'S NAME		T-Madewasence.	ref.	OTHER'S MAIDEN	NAME	10111	Muc		271-
'n	0	JOSHU	MIDDLE	ZINOB	ED	BESS	SIE	MIDDLE		MIT	ELEFSKY
203	16a: V	VAS DECEASED EVER IN U.		166 SOCIAL SECURITY		VEORMANT	OIL	ADDRESS			
		TES NO OR UNKNOWN) (IFY	ES, GIVE WAR OR DATES)	DAD 11 CO	1.1				,	21208	,
		NO		213-16-58	64 N	ISS BETTY	Y LEBOFF	3/03 1	EAKWOO		,APT.A3
ă		18 CAUSE OF DEATH IEND PART I. DEATH WAS CAUMAN		MANUEL	01	CTHE	Col	ON		APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
			DUE TO, OI	AS A CONSEQUENCE	OF					1	
		Conditions, if ony, which									
		gove rise to immediate couse (a), stating the		AS A CONSEQUENCE	OF						
		underlying couse los	1. (c)	AS A CONSCOUNCE	. 01						
	- 3	PART 2 OTHER SIGNIFICA		NTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TE	FRAINAL DISEAS	SE OR CONDITI	ON GIVEN IN	PART 100	
	NO								0,10,12,11		
7	ERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH OPE	RATION WA	S PERFORMED	200 AUT		IL IF YES, WEI		
19	CER	21g. ACCIDENT WAS UNDERLYIN	110110 4		21c	HOW INJURY OCC	URRED (ENTERN	ATURE OF INJURY IN	ITEM 18 PART I C	ORPART 2)	
1	AL	OR CONTRIBUTING CAUSE (OF DEATH		YEAR						
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE			LOCATION					
	ME	WHILE TO NOT WHILE T		EET, FACTORY, OFFICE, FARM, I		STREET		CITY OR TOWN	C	OUNTY	STATE
	E 4	AT WORK			516	1 6	37	-	- 5	7	
¥		22a I certify that (I) (this saw the deceased aliv		deceosed from	7		, to	3-6	196		not (I) (we) lost
		obove, (1) (we) (did) (d		ofter death.		t in (my) (our) opini	on deoth occurr	ed on the dote			
		226. SIGNATURE	111		DEGR		4.5010	67.455		THE DATES	IGNED
		11 10	v.	N		PHYSICIAN	MEDICAL	STAFF PHYSICIAN	10	5 -	6-87

22e ADDRESS

BETH TFILOH CEMETERY

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then plea with the State Dept. of Health and Mental Hygiene prior to burial. MAPORTANT: If them 21 is marked or them 18 shows any injury, or a

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. '6010 REISTERSTOWN R.D BALTO., MD 21215

236 DATE

5/8/87

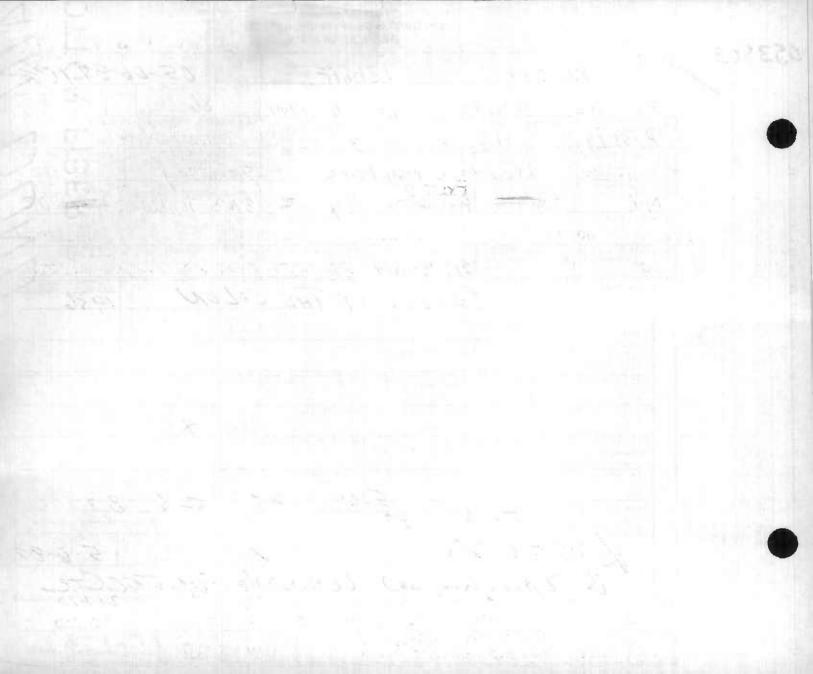
230. BURIAL, CREMATION, REMOVAL

Pad LOCATION COUNTY BALTIMORE MARYLAND

MAY 1 3 1987

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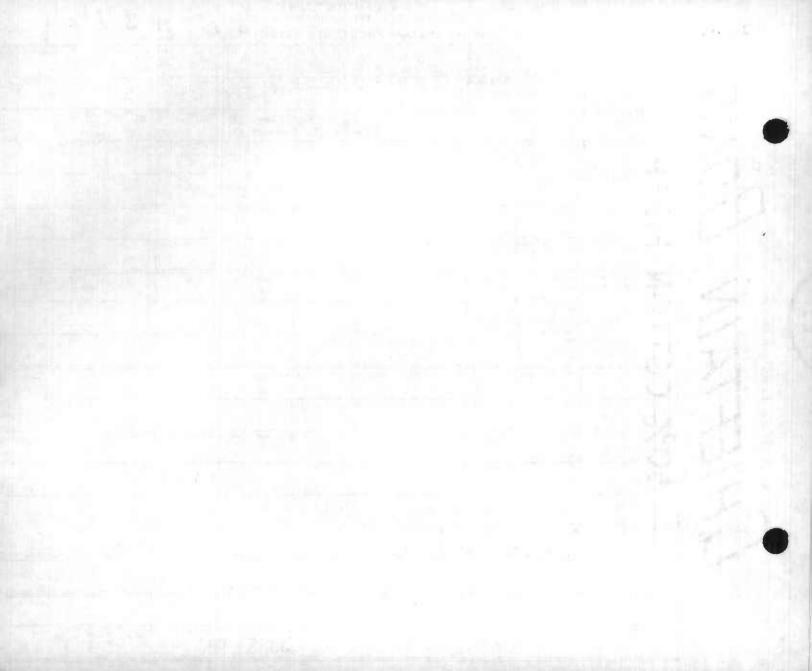
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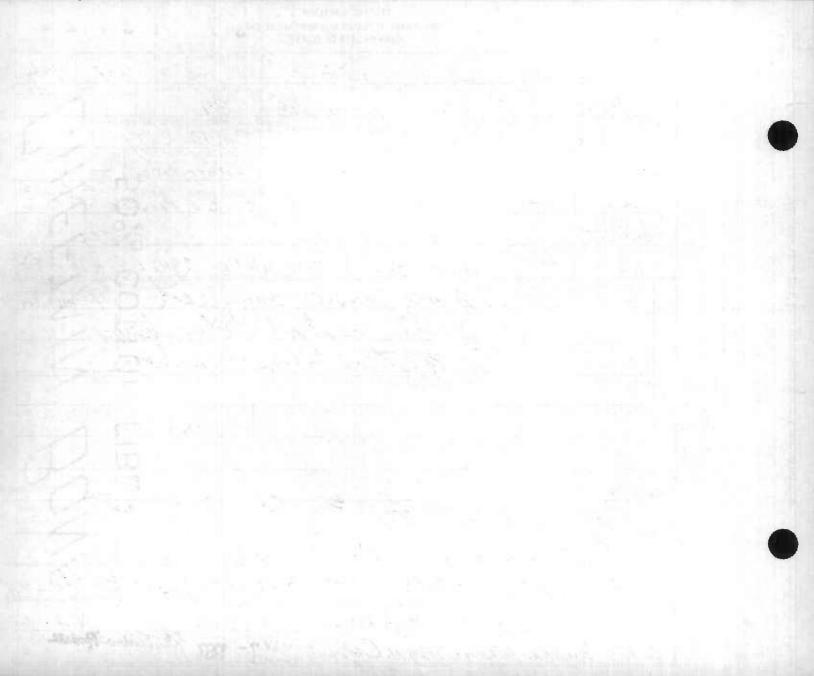
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may be poge 3	3 SE		14 RACE	O ,cwcy	S. DATE C	e e DF BIRTH	6 AGE (IN YEARS LAST BIRTHD)	/		IF UNDER 24 HRS	
ector.	-	M	Black	k	757	10/04 ⁴ YEAR	83	YRS	IHS DAYS	HOURS MIN.	
Perol din	7e B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY OR C	OUNTY OF	DEATH	a MD.	
is after de by the for filled with	B	altimore City	(IF NOT IN SUC	orth Char	GHOME C ADDRESS) les H	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
AND 21: 124 hourst filled in audd be	13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO		Baltimo		13d INSIDE CITY LIMITS? YES TO D	13. STREET ADDRESS / ZI 3021, Gary	P CODE	t. 212	16	
RYLL within within mines	14 F	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST		
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1		gave rise to immediate cause (a), stating the underlying cause last									
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The fow require in differentiang physician. Wer this certificote has been signed as the build-fragiene prior to bursal and Mental Hygene prior to bursal asked or them 18 shows any injury, or a	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE	
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AND		1213m	hop	mo		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	VX	5-1	1-87	
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日本 中水 4 本	23a	BURIAL, CREMATION, REMOVA				emetery or crematory	23d LOCATION CITY OF TOWN Brook 1	vn &	DUNTY	Md.State	
BP		UNERAL DIRECTOR					E REC'D. BY REGISTRAR 256		A.		
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E. MD.	- Company	14. FA	Walte		WIDDLE	Der			15. MOTHER'S FIRST	maiden nam enda	ME MIDDLE		LAST	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	MITHIN 24 HOUR CIL IN ITEM 15. ONER ALCING WI ANSIT PERMIT. I AL HYGIENE, DI REMOVAL	No.	PART I DI Conditio	EATH WAS CAUSE	DUE TO, OR A	te nam	rcotic		ation				APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH
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DIVIS	E, WRITING RWARDED PAGE 3 SI STATE DEP 2, 21201 PR	MEC		NOT WHILE (STREET FACTO	RY, FARM, ET		S1	REET Northbo	urne Roa	ed Baltir		COUNTY Maryl	state and
•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORF TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SI BATTIMORE, MARYLAND,		deoth result		ge of the remains description causes	Accident			Hamicide TITLE (SPEC	IFY)	Inquiry determined manner			_07
	CUTE THE SE 4 SHOWNERA ER DEATH	/	EXAMINER'S	NAME NT) Ma	argarita A	Kor	ell. M				enn St.,			
	TO MEETER PAGE TO PAGE AFTER BALTIVE	23a.Bl	IRIAL CREMA	TION REMOVAL	23b DATE				CREMATORY	T23d	LOCATION			
07/84	BP 1024		PEC Buri		6/5/87	A	rbutu	s Me	m. Pk.	. E	Baltimo		O . MI	STATE
25M	DHMH - 17 (VR A15 ME (5))	24 FL	MERAL DIREC	March	F/H 110:	L E.	Nort	h Av	e. 25a.		BY REGISTRAR	the Decide	STOWATURE	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) ONN 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS YEAR MONTH DAY YRS. 7a BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LAbor ReTined USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a STREET ADDRESS / ZIP CODE NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Foster. FARNES ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO, OR JUNKNOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for Ia),
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a), stating underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG FICATI 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (1) (this hospital) ottended the deceased from saw the deceosed alive on above, (1) (Ne) (did) (did not) view the body after death and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 27h SEGRIATI 22c. DATE SIGNED ATTENDING & /MEDICAL PHYSICIAN DIRECTOR PHYSICIAN SE BURIAL REMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY 24. FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)



						STAT	E OF MARYLAND		
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U J;	3/1	4 KAY	10	RÉGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	.3			CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
	e 5	ter death	{ [YPE	OR PRINT)	The MAK S	. 10:	1: -	F 9	37)
	You	de	3 SE	<u></u>	I RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IFUNDER I YEAR IF UNDER 24 HRS
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	1		1	Maryland	USA	WIDOWE	D DNORCED	Baltimore C	MD.
-	1/ 00	111/	10°C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	12ª USUAL OCCUPATION	126 KIND OF BUSINESS OR
= 1	C I			Bolto		n Memo	nial	Housewife	KING LIFE) INDUSTRY
2 8	13		JUSU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE	CE BEFORE ADMISSION)			711711
6	7 1	1000	13a. :	TATE 136 COL	NATA 130 ELLA O	RIPWH	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE 2 2 TO 14 RATI
E .	1 2	2	14 F	THER'S NAME		2/10	15. MOTHER'S MAIDEN NA	A ON VI) (
AR.	k if	P 200	2	Carlton	MIDDLE Pri	AST	FIRST	WIDDLE	LAST
MAR	ome ome	0 00	d				Jennie		Burke
DRE.	y pu	ges	16a \	VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (IF YES, G	SIVE WAR OR DATES)	AL SECURITY NO.	17 INFORMANT	ADDRESS	
BALTIMORE	9 0 C	. Poge		NO	 219-	07-0805	Gustave SJ.	Leidig - 804 W	32nd St. 21211
ALI	ote b	ol.		18. CAUSE OF DEATH (Enter of	only ane cause per line for (a),	(b), and (c) 1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	tific phy	moom		PART I DEATH WAS CAUS	SED BY. ATE CAUSE (a) A GOT	E MYDO	ARDIAL IN	HARCRON	16 min
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STO	eath tend	on, o		Canditions, if any, which	DUE TO, OR AS A CON	OK JARY	HEART DISH	THEF	10 secus
8	e de	tro tro		gave rise to immediate	16)	201401	(ICTIPI DISC	7/11	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	hor th	l, crer other		cause (0), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF	MORC CAPL	DIOVASC. DISE.	OSF 104000
. 20	res t	ourio y, or		PART 2. OTHER SIGNIFICANT				MINAL DISEASE OR CONDITIO	
RD.	requir	r to inju	CERTIFICATION						
5	y o	Prio prio	CAT	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
7 8	he l	ows	量					YES NO	YES NO
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OF	CIAI Ph	of the state of th	¥	OR CONTRIBUTING CAUSE OF D	A A I I I	TH DAY YEAR			
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	TO OF	He He					nd that in (my) aur) opiniar	death occurred on the date or	nd have and from the causes stated
	R ATT hospi	a 2 E		abave, (1) (we) did (did r	not) view tile body after death		DEGREE	and the desired on the desire of	
	0 0 0	Oche Dep		MI I TO	Maria		ATTENDING	MEDICAL _ STAFF	221 DATE SIGNED
	TAI by th	Z det		ma	c your mi	u 1	PHYSICIAN	DIRECTOR PHYSICIAN	3/9/8/
	HOSP Sined E	should be deto		22d PHYSICIAN'S NAME ITYPE	DAME WIDE		27e ADDRESS	WIN T	1-7 1111 2216
	eto H	WP C		MALICE	1000 1000		JOI EI CINI		AUT NO SILLE
	F 2 F			SPECIFY)			EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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	DHMH - 1	6 60M 7/B4		JNERAL DIRECTOR	Aft	DDRESS	The second secon	TE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE
		15, 4)	LA	. Alan Seitz,	Jr. 3818 Rola	nd Ave.	21211	IAY 1 1 157	Lies Divideon Por

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STATE OF MARYLAND

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		Will			mon Sr.	May 19,	1987	M	
	3. SE)		4 RACE	5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS	
		Male	White		ember 31 1891	95	YRS		
5	i	RTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY U.S.A.	WIDOWED		9 BALTIMORE CITY OF Baltime	ore City	MD.	
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B	13a. S	Maryland 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO INTY 13t. CITY OR TO Baltimo	WN I	YES XX NO [13e STREET ADDRESS / 3341 Dudle		21213	
0		THER'S NAME Robert	MIDDLE LAST	1	15. MOTHER'S MAIDEN NAM FIRST Mary	WIDDLE	ot Known	LAST	
/			IVE WAR OR DATES)		17 INFORMANT	ADDRE			
		No	212-05-	0950	Charles R.	Lemmon 2319		Bridge Gart	
	NOI	PART 2 OTHER SIGNIFICANT	conditions contributing to	10 11	NOT RELATED TO THE TERM	IN AL DISE ASE OR COND	DITION GIVEN IN PA	RT 1(o	
2	TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES [7]	USES OF DEATH?	
2	CAL CERTIFICATION		216. TIME OF INJURY HOUR A.M. MONTH		WAS PERFORMED 21c HOW INJURY OCCURR	YES NOTE	IN CERTIFYING CA	USES OF DEATH?	
29	MEDICAL CERTIFICAT	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		YES NOTE	IN CERTIFYING CA YES YES YES YES YES YES YES YES	NO RT 2)	
7		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY IAT HOME, STREET FACTORY, OFFICE	DAY YEAR 19 E FARM, ETC	211 LOCATION STREET 211 LOCATION (STREET) 211 LOCATION (STREET) 211 LOCATION (STREET) (STREET)	YES NOW CITY OR TOWN CITY OR TOWN to More the do	VN COUN Te ond hour ond fror	IUSES OF DEATH? NO RT 2) ITY STATE thou (we) lost	
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tar. po	3. SE	Male	4. RACE	S. DATE C	DAY YEAR	6 AGE (IN	YEARS LAST BIRTHDAY)	MONTH	DER I YEAR	HOURS MIN.	
Page Hours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	D W NEVER MARRIED	BALTIM	ORE CITY OR COU		EATH		
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n and so	160 V	VAS DECEASED EVER IN U.S. (FES NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIA GIVE WAR OR DATES) 214-	1 SECURITY NO.	17 INFORMANT Richard L.	Lemon,	649 RNS M		St.	1713	
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OR AT DIRECT Coched f Dept.		abave, (I) (well-jdid) phyd	not) view the body after death.		DEGREE ATTENDING	MEDICAL	STAFF		2c. DATE S		
D HOSPITAL torned by the O FUNERAL nould be detected that the State APORTANT: It		22d PHYSICIAN SNAME (TY			22e ADDRESS		R PHYSICIAN		2 0	.6 /	
	230 5	OV. E. CA	RNELL,				ne st.	1	salt	. 21201	
BP	E	burial	5- 5- 87	Boonsh	emetery or crematory oro Cemetery		consboro,	Wasi	n. Co	., Md.	
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STATE OF MARYLAND

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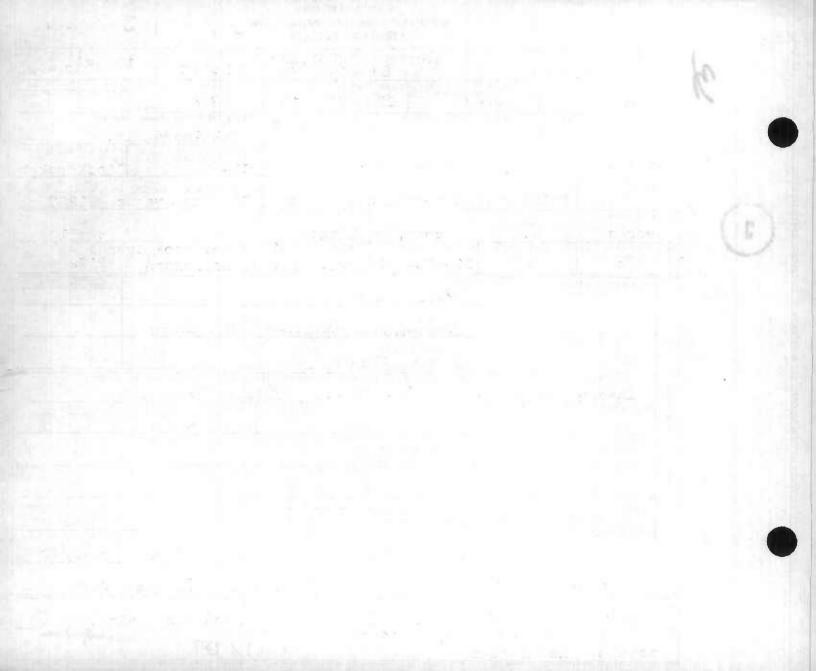
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S. Food	160,		ARMED FORCES?	213-80		Mrs.		Shady ^A C. Deri		. 2	1228
ertificate of physicic polysicic proportions of the physicic contents o		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per li ISED BY: IATE CAUSE (o)	ne for (o), (b), on PNEU		A				BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
by the ottendings remove corly, cremation, or		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	AS A CONSEQUIANT AS A CONSEQUIANT AND A CONSEQUI	TUCOCCI	IS PNE	umonia	moni	NGITIS		
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inG PHYSICIAN: The ottending physicic After this certificate as the burial-transit into and Mental Hygic harked or them 18 sho	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURSED WHILE NOTIFY MEDICAL EXAMINATION OF COURSED OF COURSE OF COURS	P.M. PLACE O	. MONTH D	19	216 HOW INJU		D (ENTER NATURE O	FINJURY IN ITEM 1	B PART I OR PAR	
TTENDI pirol or CTOR: A for use of Heal		22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE				I that in (my) (c	, 19 our) opinion di	, to eath occurred on t	he date and h		that (I) (we) lose the couses stated
by the by the ERAL D e detoc		22d. PHYSICIAN'S NAME (TY)	a S, 7	mult	MD	AT PH 22e ADDRESS	TENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF	5	110/87
of of washington	230	BURIAL, CREMATION, REMOV	AL 236 DATE	-		ST. F		23d LOCATION CITY OR TOW	VN	TUN A	STATE
BP DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR (acNabb Fune	05-12 Catonsvi	lle, MI		ne Par 28	250. DATE		RAR 256 REG	Balto	MD
(*NA 13, 4)	TAI	achabb rulle	tar nome				1,117	2 0 1001			



FOR

REGISTRAR

- STATE

(TYPE OR PRINT)

DHMH - 16 60M 7/B4

(VRA 15, 4)

REG. NO I-DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR AT HOME HOUSEWIFE WORKING LIFE 13e.STREET ADDRESS / ZIP CODE 7224 PARK HTS. AVE. (21208)BALSER LONGMEADOW PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated DIRECTOR PHYSICIAN [230. BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE MDSTATE MAY 31,1987 COUNTY (SPBURIAL HEBREW FRIENDSHIP 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 6010 REISTERSTOWN RD., BALTOS, MD Deviden Randals 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Carlot Carlot Sale LEON COLLEGE AND STANKE SEE Company of the control of attended to the second state of HIM DW MED 53317 111

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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_		EASED NAME	FIRST		MIDDLE	ı	LAST	-12	20 DATE OF DEATH	MONTH DA	YEAR	2b HOUR		
		OR PRINT)	GREGOR		nomas		Sueur		MAY 9, 19			8:15 A		
	3. SEX	(4. RACE	5. DATE C	d DAY	At VB	6. AGE (IN YEARS LAST BIR	UNDER I YEAR	IF UNDER 24 HRS				
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1		Marylan		USA		WIDOWE	D	ONORCED	BALTIMORE	MD.				
1	10 CII	TY OR TOWN OF	DEATH		HOSPITAL, NURSI H FACILITY, GIVE STREE		OR OTHER IN	STITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 130 STREET ADDRESS / ZIP CODE 2408 Westridge Rd. 21093					
1	2500	ALTIMORE		THE JO	HNS HOPK	INS HO	SPITA	_						
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2	14.4A	THER'S NAME		AIDDLE	LAST		15 MOTHER	S MAIDEN NAM						
\mathbf{Z}	/ F	Robert	Lev		Le Sue	ır	M	ary	Lee	5				
П		VAS DECEASED EV		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORM	ANT	ADDRE	SS				
1	(Y	ES, NO OR UNKNOWN)	(IF YES, GIVI	- WAR OR DATES	_		Mr.	Robert	Le Sueur	same	as 13e	9		
ı		18 CAUSE OF DE	ATH (Enter on	y one couse per	line for (o), (b), o	nd icu						MATE INTERVAL		
1		PART I. DEATH		E CAUSE (o)	CARDT	O PULL	MONA	21 ARE	ZEST		7594	- 8 15pm		
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1		gove rise to	immediate) (0)_										
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1	Z	SOST O						4		5111011 01121	THE PART IN			
\dashv	CERTIFICATION	190 DATE OF OPE		196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES. V	WERE FINDIN	NGS USED		
1	F	5/8/8	7	TIZAL	SPOSITI	11 05	coer	Beceir	VEC DI NODI	IN CERTIFYI	NG CAUSES	OF DEATH?		
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	MEDICAL	21d. INJURY OCC		21e PLACE		19	21f LOCAT	ION						
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4		AT WORK	WORK			- 77		0.0		7.				
1					e deceased from,					, 19	<u>at</u> .	that (I) (we) last		
П		obove, (I) (w	did did no	May the hope	after death			(our) opinion o	leath occurred on the do	ote and hour a				
1	- 1	226. SIGNATURE	/	17	11		DEGREE	ATTENIONIO	AMEDICAL CTAI		22c. DATE	SIGNED		
			. (-	10	le		/	PHYSICIAN [MEDICAL STAF	IAN X	51	9		
		220 PHYSICIAN'S	NAME (TYPE OF	PRINT)			22e ADDRI	SS 600 N	WOLFE ST.	BALTO	. MD.	21205		
		Mong!	d A. N	Corton	Jr. W	C.D.		marris .	HEPKINS					
1		URIAL, CREMATIC	N, REMOVAL	23b. DATE	23¢	NAME OF C	EMETERY OF	CREMATORY	23d LOCATION					
		Burial		May 1	1, 1987	Dulane	ey Val	ley Cem	. Timoni	um Ba	ilto.	Md STATE		

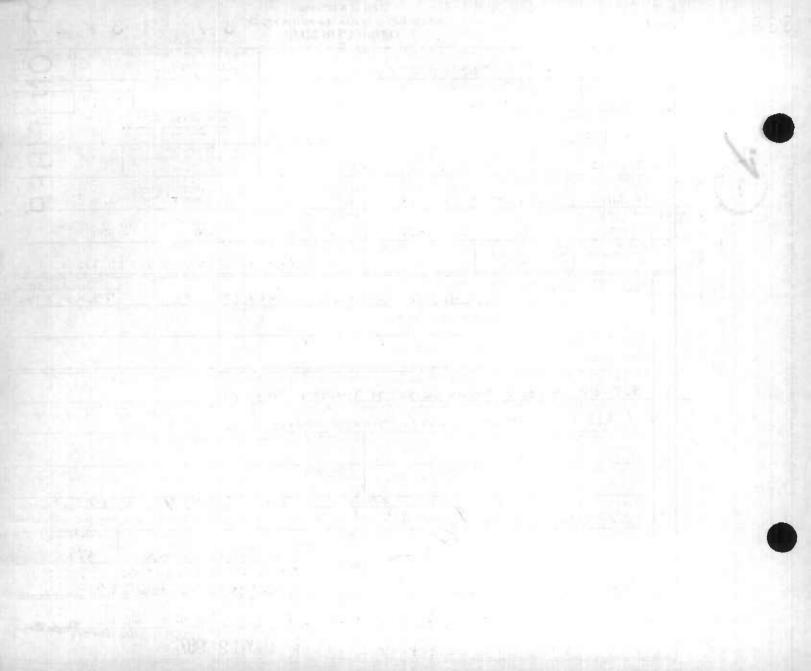
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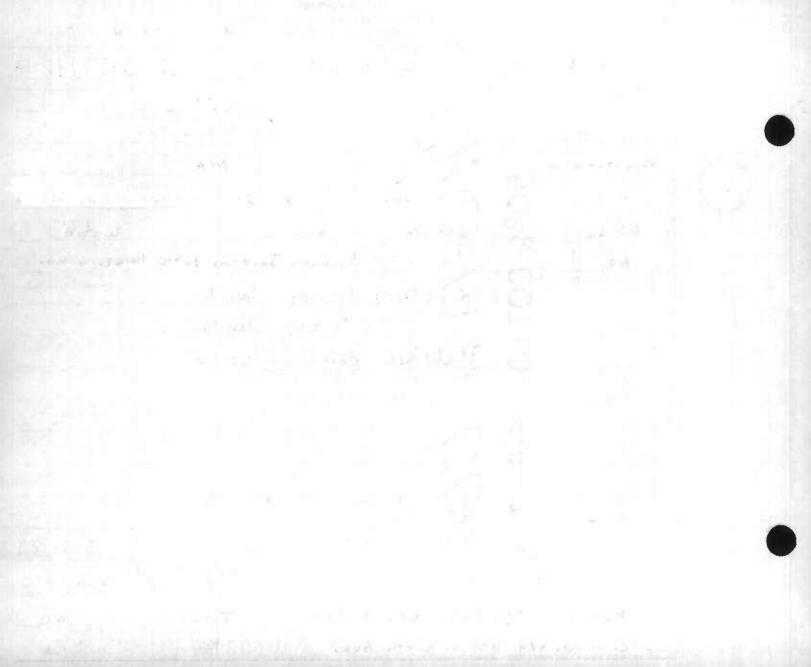
24 FUNERAL DIRECTOR
NAME

Bryan W. Clary 10 W. Padonia Road

250 DATE REC'D. BY REGISTRAR 256 REGISTRARY COMMENTER

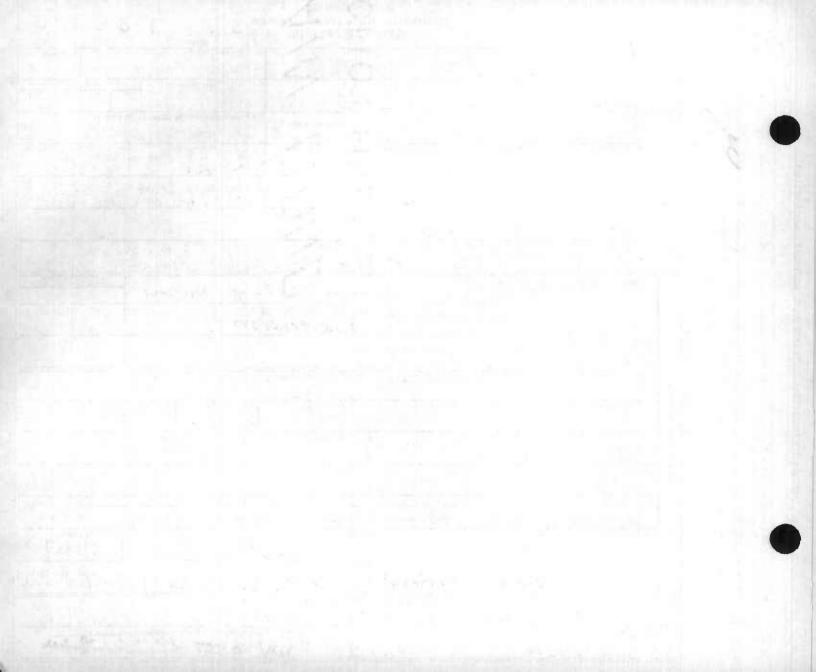


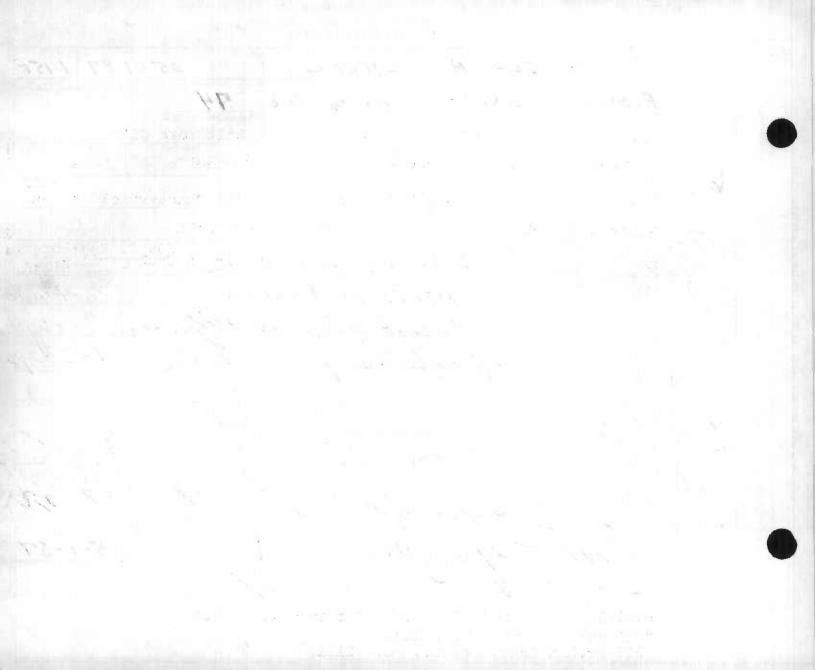
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DE 00	3. SE	X DOOM	4. RACE	5. DATE		6. AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
of the		LEMME	BLACK	MONI	2 0'5	81	YRS. MONTHS DAYS	HOURS MIN.
Po Po		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8		9 BALTIMORE CITY C	OR COUNTY OF DEATH	
to see a		Va.	USA	WIDOW	D NEVER MARRIED Z	Psaltanne	. (241)	MD.
0 11 17	Ta.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126. KIND C	OF BUSINESS OR
10 you	01	Baltimore	TIPENTH HE	STREET ADDRESS	ter	(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY	
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4	WF	THER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN N	AME		
D TI	U	Wade.		212	Cannie	WIDDLE	Web	51
RE, I		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or attending physician and citralian terminates the state of the	-	YES NO OR UNKNOWN) IF YES, GIV	VE WAR OR DATES) 218-	22-430/	Barbara J	ackson 168	10 Heregord	. Rd.
Sicio pers ol.		18 CAUSE OF DEATH (Enter or	nly one cause per line far (a), (b), and ICE.		^	APPROX BETWEEN	ONSET AND DEATH
T., B		PART I DEATH WAS CAUSE	ED BY: TE CAUSE (b)	udioh	Wimonay	Quest		
ding or re		i i i i i i i i i i i i i i i i i i i	DUE TO, OR AS A CON				0.48	
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Brio Prio	S S	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDI	NGS USED
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show the MA	23e. E	BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	1236 LOCATION	//OFF	
BP		SPECIFY) Burial	5/26/87		h Cen.	CITY OR TOWN	COUNTY	STATE
	24 F	JNERAL DIRECTOR	10/00/01	C.16.1		Texas	25b. REGISTRAR'S SIGNAT	TURE
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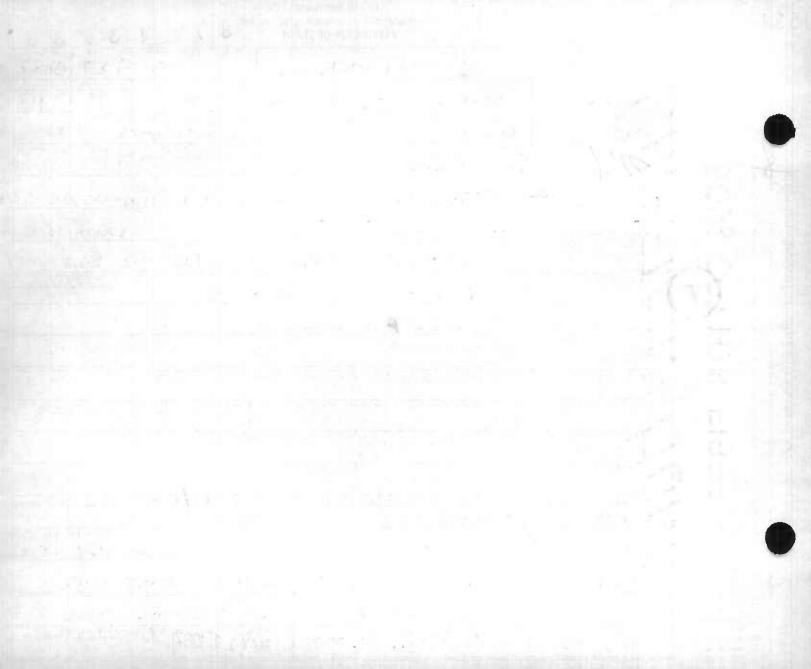


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BALTIMORE, MD. 21201	EST. S.) I (F.	JOSE		WIDDLE	Нос	pg.		IS MOTHER	R'S MAIDEN RST Virg	inia	MIDDLE	l	Unknown	
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					e of the remains des	cribed aba	ve, held an	Autaps	, X,	Inspection	. Inc	uiry .	and in my	apinian	- 10
	MAN PER PER PER PER PER PER PER PER PER PER		death resulte		al causes XX	Accident		cide .	Hamici	de .	Undetermine	ed manner	<u> </u>		
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: (, WITH THE MARYLAND		ACTUAL	1.		111			TITLE (SP				1 7 7		
	A HANDER	1	SIGNATURE_	11/	n-	4		M.	D. Assi	stant	MEDICAL E	XAMINER	SIGI	E 5/21	/87
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC ATER DEATH WITH BALLIMORE, MARYL		EXAMINER'S (TYPE OR PRIN		William	M. Za	ne, M.	D. ,	ADDRESS	111	Penn S	St.	Balto	o.MD.	
07/84	Bb———	23a.B	Buria	ION, REMOVAL 7	May 23,87	23c. N	ake Vi				23d LOCATION Syke	sville	Md.	OUNTY	STATE
25M	DHMH - 17		UNERAL DIREC		Do doeston	we to	up Md	211	26 17	So. DATE RE	C'D. BY REGI			SSIGNATURE	
	(VR A15 ME (5))	E	ine rui	neral Hom	e Reiste	er's cov	vii, Ma.	211.	30	MAY	27 19	187 L	in Sion	dir Parla	200
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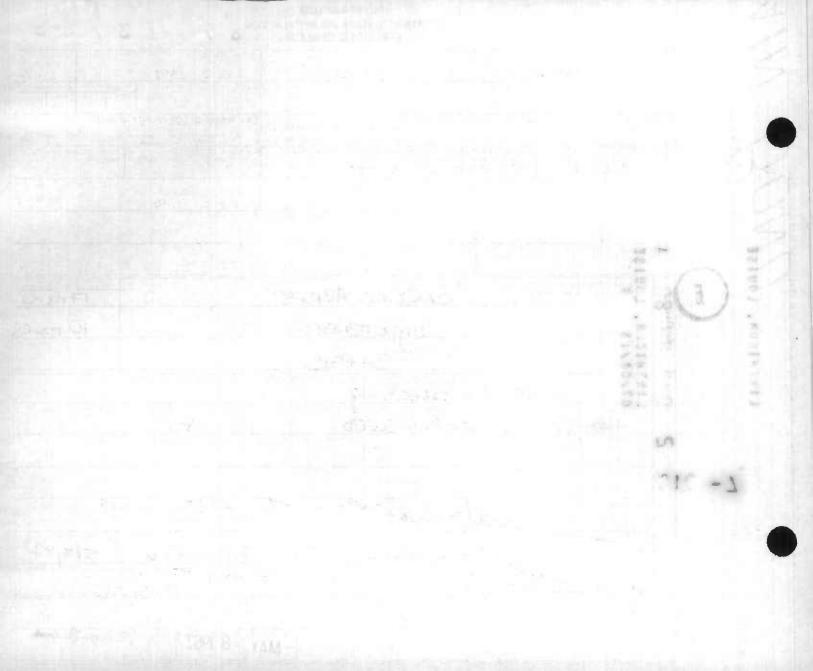


	1.			STATE OF MARYLAND			
30 I.Y	131	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL HYGI	ENE Q 7	1 009	
	L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0. 1 3 /	3 5
m s	I,	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	- 4	HOUR
page 3		TYPE OR PRINT) EMIL	۷.	LINCK, Jr.		5 987 (0857,
	3.	SEX	4 RACE		6. AGE (IN YEARS LAST BIRT		FUNDER 24 HRS
ector.		MALZ	WILITE	12 16 06	80	YRS	OURS MIN.
2 hou	7.1	BIRTHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED		R COUNTY OF DEATH	
8	2	mo	USA	WIDOWED DIVORCED	BOLTIN		MD.
filed wif	4	DEATH OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATH (TYPE OF WORK FOR MOST O		USINESS OR
old be	4		OF OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	N 138. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE UND A	18 217
2 2	211	FATHER'S NAME	000	AL COMPLETE ALADEMAN	NE ZB 3 1 EE	0121171-1013 M	00
P	37	EVIL	J. LINC	Sr. IS MOTHER'S MAIDEN NAM	MIDDLE	DuBA	1507
- 3	7 10	a. WAS DECEASED EVER IN U.S			ADDRE		-21
0 0	Le	(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES) 714032	696 DEPRES 3	001 S. HAN	WER BALT	- mr
1	1	IN CAUSE OF DEATH (Ente	er anly ane cause per line far (a), (b), an				TE INTERVAL
Day of the		PART I. DEATH WAS CA	USED BY:	WARY ARREST		BETWEENONS	ET AND DEATH
1	1	IMME	DIATE CAUSE (a)				
fign.		Canditions, if any, which	DUE TO, OR AS A CONSEQUE	THELIOMA			
0.9 =	-	gave rise to immediate cause (a), stating the					
eose re ol, crer or other		underlying cause last	(0)				
buri			NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART 1(a	
The pring		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					
D bu	1	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING! IN CERTIFYING CAUSES OF	5 USED DEATH?
gren	4				YES NO	YES 🗌	NO 🗌
of transi		OR CONTRIBUTION CALLES O		21¢ HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
- 0 ±	7	S (IF EITHER NOTIFY MEDICAL EXAM	AINER) P.M.	19			
as the burial-trality and Mental		(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
alth a	-	WHILE NOT WHILE		11 1			
Heal is m	2	22x I certify that its thin b	1000	4/13/6+ 19	10_5/1/8		it (I) (we) las
0 + 0		dbave (l) Ne) (did) (di	d not yiew the body after death.	and that in (my) (aur) apinian di	eath occurred an the do	ite and haur and from the cau	ises stated
Dept of them		27h SIGNATURE	\sim	DEGREE	MEDICAL STATE	22c. DATI SIC	SMED
deto ote l		1X	June	ATTENDING PHYSICIAN	MEDICAL STAF	IAND 59	18+
FUNERAL old be det the State ORTANT:	11	224 PHYSICIAN'S NAME (T		27e ADDRESS	0		
should be deto with the State [IMPORTANT: If		DEASSE	, DAVID	3001 5. 40	B SIZUONI	BALT MO	1
S S ≤	2	Ba. BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
		Burial	5/12/87	oudon Park Cem.	Bartim		
16 60M 7/8		FUNERAL DIRECTOR	cal Homes Barto	CO Ave 21225 M	REC'D. BY REGISTRAP	25b. BEGISTRANS SIGNATUR	indies
Δ 15 4)	1	accurry Funer	ral Homes Barto	., Ma. 2122 Mi	AY 1 1 198/	the same of the sa	



١	1 - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	3 /	1 3	13	5 0
	I DECEASED NAME FIRST	WIDDLE	i	ÁS1	REG. NO. 20. DATE OF DEATH MON	TH DAY Y	YEAR 2b	HOUR A
	PRINT) LOUIS	ਦ ਦ	T.Th	NTHICUM	MAY 7, 198	7		1:07M
1	1. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY		1 YEAR IF	UNDER 24 HRS
	Female	Black	MONIH 8	14 13	73	YRS MONTHS	DAYS H	OURS MIN.
1	Ju. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEA	.TH	
1	V A	USA	WIDOWE		BALTIMORE (CITY		MD.
111	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI THE JOHNS HOP	EET ADDRESS)		120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WOLL A Undry			JUSINESS OR
24	USUAL RESIDENCE (IF NURSING HOME OF		NWN	13d. INSIDE CITY LIMITS?	134 STREET ADDRESS / ZIF 2435 E. Fe		St.	21213
2	Warren	Hardner Hardner		15 MOTHER'S MAIDEN NAM	WIDDIE		LAST	
	THE WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS			الإلايان
	(YES OR UNKNOWN) (IF YES, GIV	225-05	5-7068	Helen Pott	s 2435 E. I			
	PART I. DEATH WAS CAUSE	ily one couse per line for (a), (b), D BY: TE CAUSE (a)	ediae	ARREST		BET		MIN
7		DUE TO, OR AS A CONSEG	Early Street, and of	Tabia)			17	140.00
-	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	TUPOI	ENSIGN			10	TIBUES
d	underlying couse lost.	(c)	3	EPSIS				
		CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PA	ART Ito	
7	196 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 201	. IF YES, WERE	FINDING	S USED
-	196 DATE OF OPERATION 4 20 87 210. ACCIDENT WAS UNDERLYING	hower G.	1. BLE	60	YES NOT	CERTIFYING CA		NO [
1	OR CONTRIBUTING TO CAUSE OF DE			21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PA	ART 2)	THE LET
5	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
h	MILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM ETC)	STREET	CITY OR TOWN	COUP	4TY	STATE
		tal) attended the deceosed from		29- 1987	105-07	19.87		of (I) (we) lost
H	saw the deceased alive on above, (1) (we) (did) (did no		Tr Electrical	d that in (my) (our) opinion o	feath occurred on the date o			
	371. SIGNATURE	2	-75-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	,	DATE SIG	1/87
	DR. DANIE	BATLAN		600 N. WOLF	E STREET-	HOSPIT	AL 2120	5
	MURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION			
	Burial	5/11/87	Arbut	us Memorial	Baltimor	re county	0.	MD
	24 FUNERAL DIRECTOR	T / II		25a DATE		REGISTRATE'S SI	GHATE	dade
	Wm. C. March	F/H 1101 E.	North	Ave. MA	13 0 1301 L			

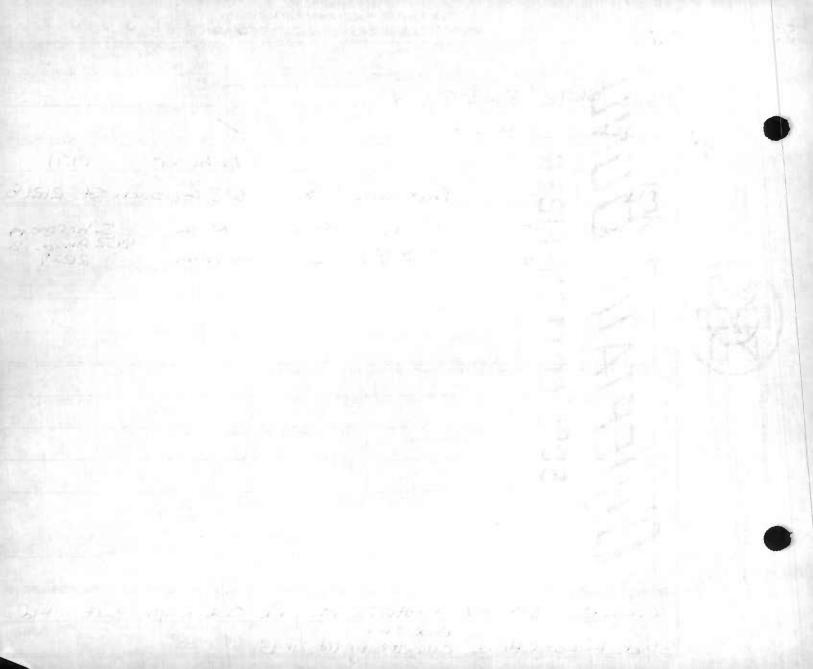
DHMH - 16 60M 7/84 (VRA 15, 4)



			FOR			DEPARTME	NT OF HEALT	H AND MENTAL H	YGIENE	-/ 1	-7	13	1
000	O 1 P		STATE REGISTRAR		ME	DICAL EX	AMINER'S	CERTIFICATE C	F DEAT	H REGIN	0	, 0	
052	9 4 5 MAY	ΦE	SED NAM	E FIRST		MIDDLE		LAST	70	DATE KNOWN D		DAY YEAR	26 HOUR
	HI - 2 - 2 - 10 - 10 - 10 - 10 - 10 - 10 -	(1Ab	E OR PRINT)	Mol.	·in C	1		Tionni		OF ESTI-	5	6 07	
	39998	1.5EX		Mel	IS DATE OF BIRTH	amuel	GE (IN YEARS IF U	Lissau	0.44405 0		C L	6 1987	M
	55.5	A. DEA		RACE	MONTH DAY		AST SIRTHDAY) MON	NDER 1 YR. IF UNDER	MIN. PR	DATE RONOUNCED	MONTH	DAT	24 HOUR 6:01P
	8250 E	Acres.	le	White	1 - 25 -		61 YRS.			DEAD	5	6 19 87	W.O.T.
	SE TEST	7a. BI	RTHPLACE (5	TATE OR	76 CITIZEN OF W	HAT COUNTRY	8 MAR	RIED TENEVER MARR	IED 7	BALTIMORE CITY	OR COUNT	Y OF DEATH	
	STAR STAR		aryland	d .	United	States		WED DIVORC	press,	Baltimore	City	7	MD.
Λ	SHAR SHAR	IIV CI	TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSIN	G HOME, OR OT	HER INSTITUTION		LOCCUPATION (TYP		126 KIND OF BU	JSINESS
hMI	を表記され		Dalhim			CILITY, GIVE STREET				st of working life)		Vandina	
7	SE VINE	JULUA	Baltim		OR OTHER INSTITUTION, G	SITY HO	PE ADMISSIONI		rie CI.	latite		Vending	rquit
21201	2955056	130 S		IN COUR		130 CITY OR		The same of the sa	13e STREE				
	TANKE -		ryland	The second second second	Arundel	Severn	a Park	YES NO 🔀		Lochleven	Dr./	21146	
WD	モニュン(1)ク/	}4. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	NAME	MIDDLE		LAST	
ar m	\$8925	He	rman			Lissau		Marie				Kurtz	
WO	SA SA SA		VAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS	,		
BALTIMORE, MD.	Paras -		Yes	, , , , , , , , , , , , , , , , , , , ,	W II	212-2	4-8290	Dorothy L:	issau	(Same as	# 13)		
100	SERVICE		18. CAUSE C	F DEATH (Enter or	nly ane cause per line					,		APPROXIMATI	EINTERVAL
ST	OF SERVE		PARTIDE	ATH WAS CAUSE	D BY. A			cardiovasc	ular o	disease		BETWEEN ONSE	T AND DEATH
PRESTON ST	MEGRS A	3.3	J. 463	IMMEDIA	TE CAUSE (U)	AS A CONSEC		00000000	4242			 	
SES	SNA STATE	15-3	Canditia	ns, if any, which			00.100						
-	E NEW YEAR			se ta immediate	(, , , , , , , , , , , , , , , , , , ,								
<u> </u>	BES TO		lying cau	stating the <u>under</u> use last.	DUE 10, OR	AS A CONSEC	UENCE OF						
DIVISION OF VITAL RECORDS, 201	5-0299				(c)								
SO.	BOSES	-	PART 2 OTHER SI	GNIFTCANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL DISE	SE OR CONDITION GIVEN IN PA	RT 1 (a).		4		
0	网络西西岛	CERTIFICATION		E (2)									
- a	START	3	190 DATE OF	OPERATION	196. CONDI	TION FOR WHI	CH OPERATION	WAS PERFORMED?				20 AUTOPSY	?
¥.	공원을 교수를 사	8	08/17									YES XX	NO
7 7	CERTIFICATE SHO	H		AL CAUSE WAS	216 TIME O		21c 1	OW INJURY OCCURRE	D (ENTERNA	TURE OF INJURY IN ITEM 18	PART I OR PAR	RT 2)	
Z	SHE SKY		UNDERLYING	OR CAUSE OF		I. MONTH DA	Y YEAR						
ISIO	SHORE	MEDICAL	214 INTERVO	CCURRED		OF INJURY IA	17	OCATION					
DIV.	S CE S CE	¥	WHILE	NOT WHILE [STREET, FAC	TORY, FARM, ETC.)	W. 100 100	STREET		CITY OR TOWN	COR	YTM	STATE
11-19	THIS (WARD WARD PAGE 1201201		AT WORK	ATWORK									
	最大の発生を		22a I certi	fy that I taak char	ge of the remains de	cribed abave, h	eld an Auta	psy X. Inspection	n	Inquiry . ar	nd in my api	inian	
	NEW DES		death result	ed fram: Natu	ral causes X	Accident	. Suicide	, Hamicide	Undeterr	nined manner .			
	AR WILL		VASC 47	1		//		TITLE (SPECIFY)					
	TACAL.	0	ACTUAL SIGNATURE,	-/-	111	4		M.D. Assistan	t MEDIC	AL EVALABLED	DATE	5/7/87	7
	DEATH NORE	1	33.11.2.11.11.11.11.11.11.11.11.11.11.11.1	20	1					AL LAAMINER	SIGNEL		
	330% ₹ 850m		EXAMINER'S (TYPE OR PRI	NAME NT)	William M	. Zane,	M.D.	ADDRESS 111	Penn :	St. Balt	to.MD.		
	PATO PAGE	23o. Bi	JRIAL CREMA	TION REMOVAL			E OF CEMETERY		23d LOC				
07.	20	15	PECIFY) Bur:	ial	5-9-87	Mead	owridae	Mem. Park	CITY OF	TOWN	oward		ATE
07/84 25M	BP	24 FI	JNERAL DIREC	TOR DOE	BERT S. B	ARRANC	0	250. DATE				Chr Corgon	
	DHMH - 17		NAME				1146	MA'	v 8	1987 PEG	DESCOR	W. Marris	
	(VR A15 ME (5))			SEVER	NA PARK,	1410. 4	12.10	NIA	1				

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Auditemp, Ad. 21207
No --- 712-01-1242 Henry J. Joney, Jr. 2531 Plokulckuk The free state of the state of HE PART TO BE TO VEHICLE TO SOME TO BE TOURS AND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN OF ESTIDEATH MATED (TYPE OR PRINT) F. James Lively 4:30 P M 4. RACE 6 AGE LIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD THE BUTTHPLACE CITATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED POREION COUNTRY Baltimore City, WIDOWED DIVORCED II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY 528 Gorsuch Ave. Baltimore Labores BUAL RESIDENCE TO BUILDING TO THE OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Gorsuch NO [IE FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease and IMMEDIATE CAUSE (a), Chronic Obstructive Fulmonary Disease Canditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 211. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME, IL LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22s I certify that I took charge of the remains described above, held an Autopsy Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 5/4/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 07/B4 24 FUNERAL DIRECTOR BOX 268 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Ellicotte

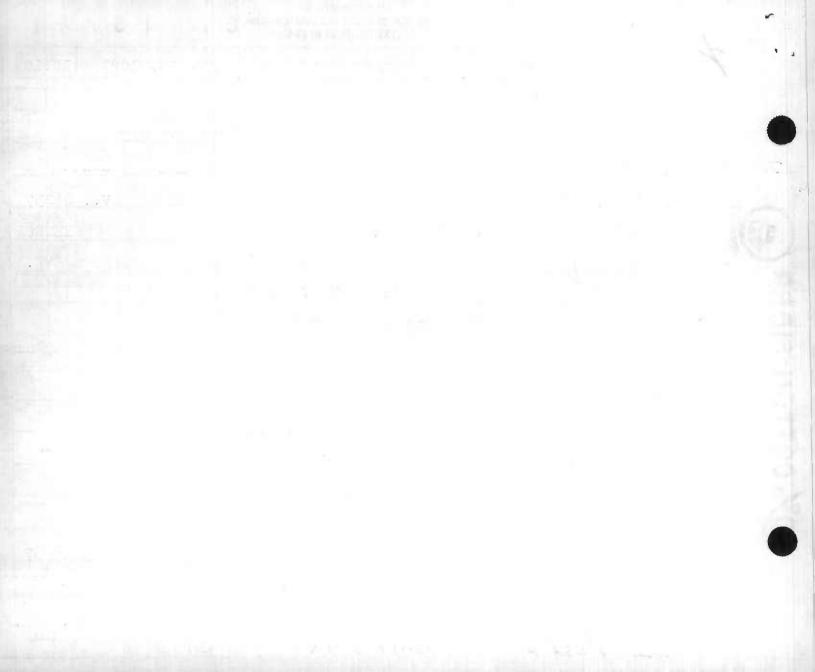


Owings Mills. Md.

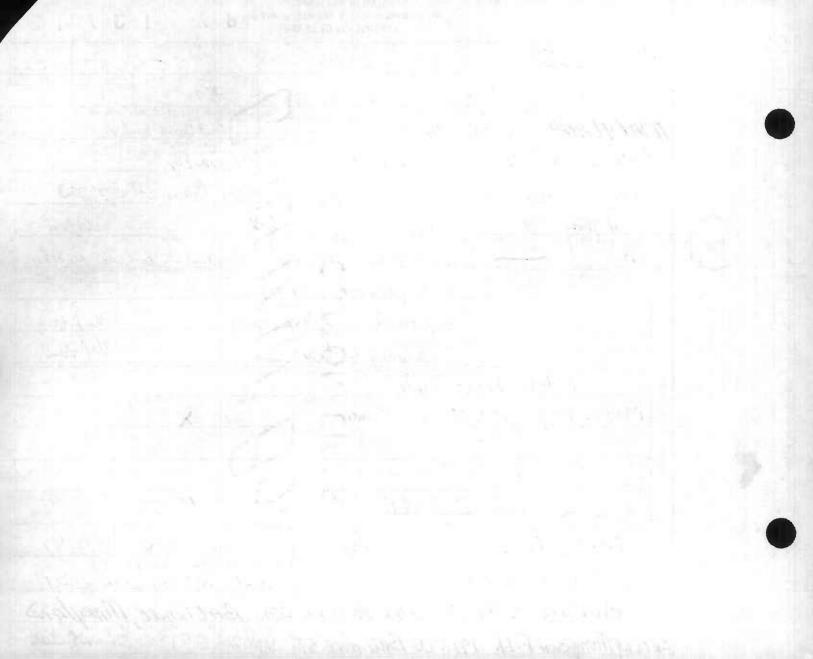
(VRA 15, 4)

For 75 February 15 School and Avenue

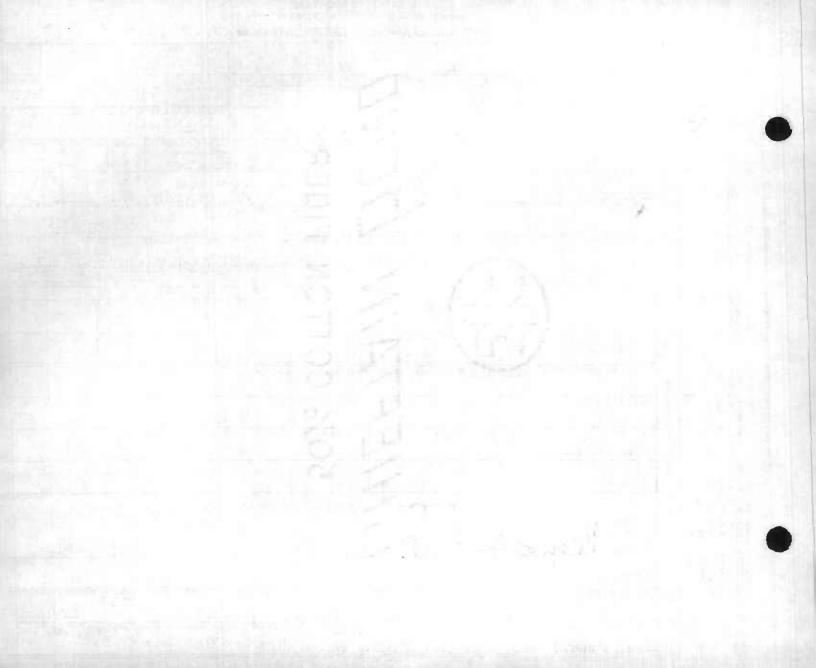
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0 0 4	331/30	1	STATE REGISTRAR	DEFARIN	CERTIFICATE OF DEATH	REG. NO	. 3 /	4
•	2		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR D
y be	poge 3	(TYPE	CATHER	IVI	LOEFFLER		25, 1987	10:10 ^P
E 0	of po	3 SE	FEMALE	CAUCASIAN	S. DATE OF BIRTH 20 02	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	R IF UNDER 24 HRS
96	urs				09 20 02		YRS.	
th Po	Pol of Sp		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF		
deo	e a a		RYTAND	USA	WIDOWED DIVORCED	BALTIMOF		MD.
5	To River		TY OR TOWN OF DEATH	TI. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE) INDUSTRY	
24 hou	35	13a S	RYLAND BAI	OTHER INSTITUTION GIVE RESIDENCE BEFORE RITY 136, CITY OR TOWN TIMORE ROSED.	N 13d. INSIDE CITY LIMITS?			21237
7	130	1	THER'S NAME FIRST JOHN	NEUBAUER	FIRST	MIDDLE	L/	PIETROF
N.	1 1 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRE	SS	222210
~	and the second		NO OR UNKNOWN) (IF YES GIV	212-74-	1254 MARGARET	BURGER 132	4 ROSEWIC	K AVE.
ote b	sicio pers		18 CAUSE OF DEATH (Enter on	ly one cause per line for 101, (b), and D BY. IIDDER	dice		APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
ertific	on poor		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (o) UPPER	GASTIC XM INTES	STINAL BLE	EDING	
t t	carb n, or 1			DUE TO, OR AS A CONSEQUE	RENAL FAILURE			
es that the death cert	move nation traum		Conditions, if any, which gave rise to immediate	(6)				
To the	by th ose re C. crer		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF			
	signed hen pler o buria ijury, ar	Z	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	ITION GIVEN IN PART 1	10
2 3	been mit. The prior the any in	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY?	206. IF YES, WERE FIND	INGS USED
he fo	5 6 6 S	F				YES NO X	IN CERTIFYING CAUSE	S OF DEATH?
NG PHYSICIAN: The Iow requir	aing physicia is certificate h buriol-transit p Mental Hygiei ir Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE PARTY OF THE P	AY YEAR 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
SICI	certification of the second of	CA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19			
PHY	the burned with a Market Marke	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC) 211 LOCATION STREET	CITY OR FOV	WN COUNTY	STATE
2	After as as a sulth a sark		AT WORK AT WORK		_MAY 25 , 8	7 . MAY 2	5 1087	
EN	or use		sow the deceased alive an above, (1) (we) (did) (did no	tol MAYed 25 deceased from	87 . and that in (my) (our) opinion	, 10	. 19	i, that (I) (we) lost le couses stated
A A	REC		22b. SIGNATURE	t) view the body ofter death.	DEGREE		22c. DAT	TE SIGNED
0	at Di		Bellon	m Mach	ATTENDING PHYSICIAN	MEDICAL STAF	FIAN X	125/87
SPIT	FUNERAL old be det the Stote	1	224 PHYSICIAN'S NAME (TYPE O	R PRINT)		RCH HOSPIT		11-21-51
HOSP			BEENA NA	APPAL	100 N.	BROADWAY B.	ALTIMORE N	MD. 2123
5	S S S S S		SURIAL, CREMATION, REMOVAL	236 DATE 236 N	IAME OF CEMETERY OR CREMATORY	23d LOCATION		STATE
е	P	B	ÏRÏAL	05/29/87 G	ARDENS OF FAITH		ORE BALT	PO. MD.
DHA	AH - 16 60M 7/84	24 F	INERAL DIRECTOR	ADDRESS		ATE REC'D. BY REGISTRAR	256 REGISTRAB'S SIGNA	- Kandale
	(VRA 15 4)	166	- C- C- C- W	6	11 1/2011 MA	AV 2 8 1087	House Many	



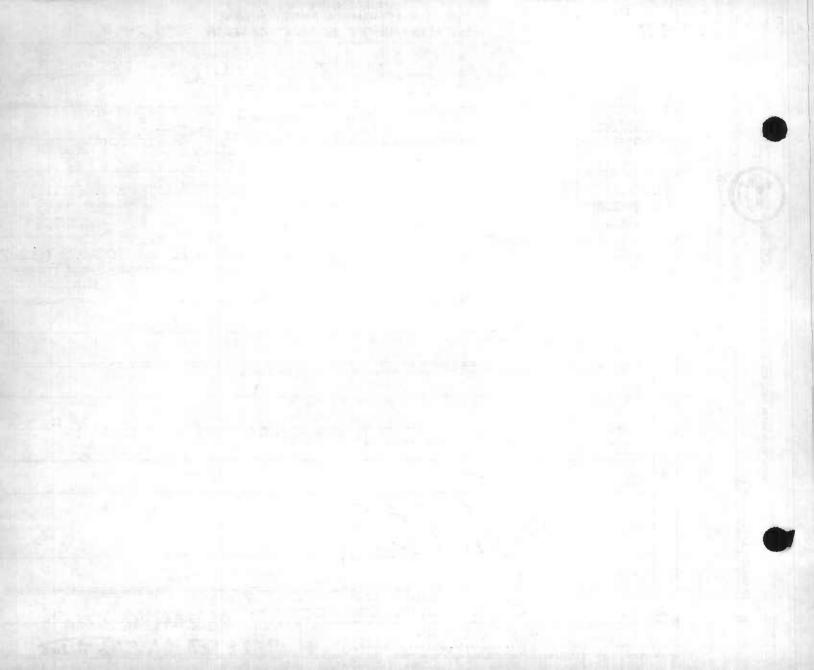
1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7 REG. NO.	3/42
DECEASED NAME	FIRST NIE MIDDLE	LONG	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 10: 39 A
3. SEX	4. RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 3 8	6 AGE (IN YEARS LAST BIRTHDAY) 49 YRS	IF UNDER LYEAR IF UNDER 24 HE MONTHS DAYS HOURS ME
7a. BIRTHPLACE (STATE O	REFOREIGN 76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY Baltimore C.	Y OF DEATH
Baltynue C	SIF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS O
USUAL RESIDENCE (FNU 130 STATE Maryland	RSINCHOME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR 136 COUNTY 136 CHY OR TOV Autimory City Bultin	VN 1134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD	7/714
14 FATHER'S NAME	m Y. Gilbert	15. MOTHER'S MAIDEN NO.	MIDDLE	wilson
160 WAS DECEASED EVE	R IN U.S. ARMED FORCES? 166. SOCIAL SEC (IF YES, GIVE WAR OR DATES) 216-34-	17. INFORMANT 6693 R. FELEY MA	2) S. Grine St. Bal	
18 CAUSE OF DEAPART I. DEATH	TH (Enter only one cause per line for (a), (b), and WAS CAUSED BY: IMMEDIATE CAUSE (a)	pulmopary Arres	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Canditions, if an	DUE TO, OR AS A CONSEOU y, which (, (b) HY 00+		mia	36 April
gove rise to in couse (a), state underlying couse	ing the DUE TO, OR AS A CONSEOL			36 hours
PART 2 OTHER SIC	onificant conditions contributing to Metastate Breast Cancel		MINAL DISEASE OR CONDITION GI	VEN IN PART 110
A STATE OF OPERA THE TOTAL OF THE TOTAL OPERA	1987 Metastate Bres	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
A E E E E E E E E E E E E E E E E E E E	CAUSE OF DEATH HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
A CONTRABILITION OF THE TAIL O	VHILE THOME STREET, FACTORY, OFFICE,	PARM, ETC) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Sow the decen	(this hospital) attended the deceased from sed alive on 19 (did not) view the body after death.	February 15, 19 87	death occurred on the date and has	19, that (4) (we) I or and from the causes stated
The bo	Fisher MD	DÉGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DAJE SIGNED
Buld by Bone	NAME (TYPE OR PRINT)	220 ADDRESS Univ.	of Maryland Cancer	MA 2/201
230. BURIAL, CREMATION (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN TO	Maculais
DHMH - 16 60M 7/B4 PARA 15 4) PARA 15 4)	OKA) FIL 16, 3 ADDREAS!	Bolt nor ET	TE REC'D, BY REGISTRAR 25b, REGISTAN 2 8 1087	RAR'S SIGNATURE



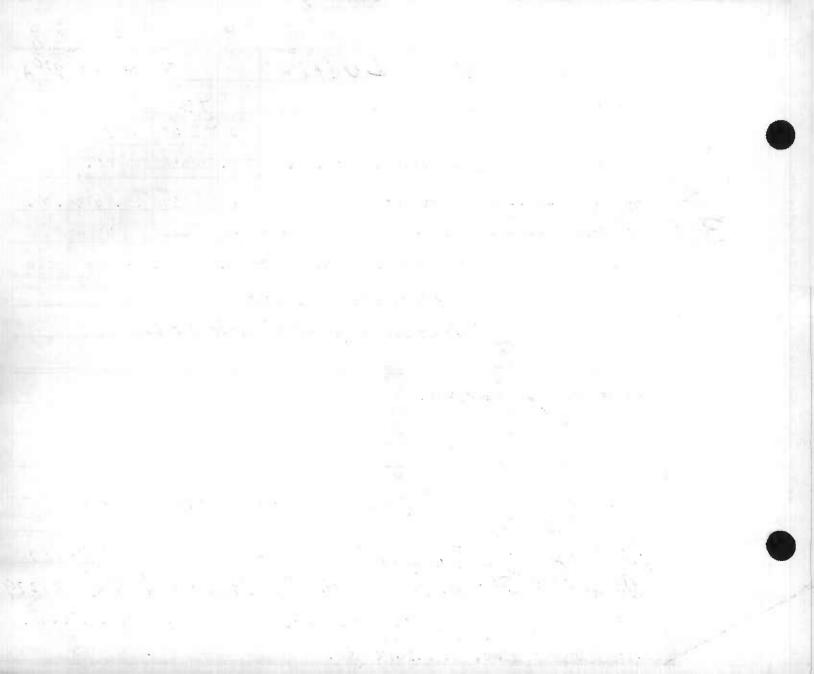
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH D TREGISTRAR DECEASED NAME 20 DATE KNOWN AT (TYPE OR PRINT) DEATH MATED ANNA LOUGH 4 RACE AGE (IN YEARS IF UNDER 1 YR. 3. SEX DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY PRONOUNCED 5-31-87 2:22P FEMALE WHITE 15 19 DEAD 68 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City U.S.A. WIDOWED X MARYT AND DIVORCED AND 3 TO THE I RETAIN PAGE HOULD BE FILED RECORDS 201 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 706 Devonshire Baltimore Homemaker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Baltimore Maryland YES X NO 706 Devonshire Rd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Fauble Riddlin Benjamin Mary 18. GIVE PAGE WITH FORM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS IF YES GIVE WAR OR DATES 217-22-4996 Alex Zebrowski 706 Devonshire Rd. 21229 HEF MEDICAL EXAMINER ALONG WITH TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DIRIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED ID THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL KKECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF H BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES [] 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian Homicide Undetermined manner TITLE (SPECIFY) Accictari MEDICAL EXAMINER 6-1-87 EXAMINER'S NAME 111 Perm Street Margarita A. Korell, M.D. ADDRESS (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 236 DATE 23d. LOCATION COUNTY Maryland Baltimore 6/4/87 Loudon Park Cemetery Burial 07/84 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 25a. DATE REC'D BY REGISTRAR DHMH - 17 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5))



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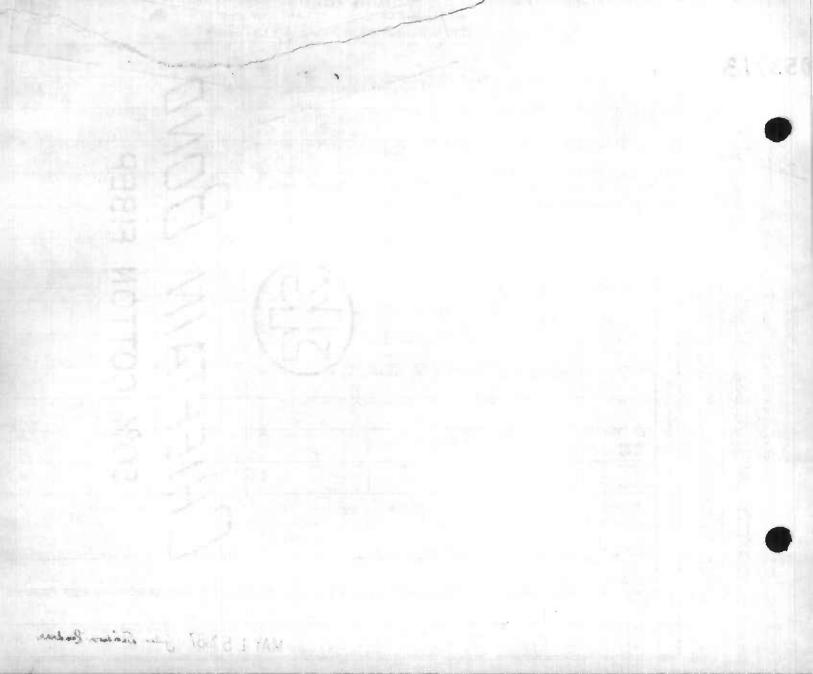
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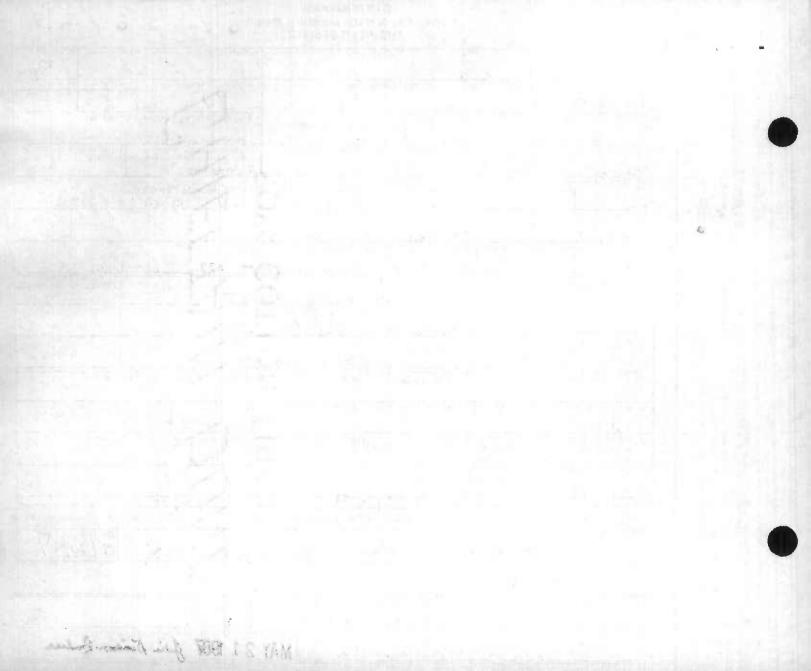
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST TO DATE KNOWN AT MONTH TYPE OR PRINT) ESTI-DEATH MA EU Carlton P. Lumpkins 1987 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR & AGE IN YEARS IF UNDER 24 HRS DATE 61 YRS PRONOUNCED Male Black 26 DEAD 1087 a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MD USA Baltimore City WIDOWED X DIVORCED IB CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 201 N. Broadway N/A Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 201 N. Broadway Baltimore 13d. INSIDE CITY LIMITS? 21231 YES Y NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Carlton Helen Lumpkins Peyton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT -14-3893 Carol Lumpkins 4 Retinue Ct. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive arteriosclerotic cardiovascular Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, 3 SHOULD BE L NOXX 21a EXTERNAL CAUSE WAS 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) PRIOR TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY Inspection X 22a. I certify that work image of the remains described above held an Autopsy and in my apinion TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALTIMORE, MARYLAI death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 5-14-87 MrAssistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Baltimore, MD 21201 Charles P. Kokes, M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIBuria 5/18/87 Baltimore National Baltimore BP MD 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** Wm . C. March F/H 110 E. North Ave. (VR A15 ME (5))

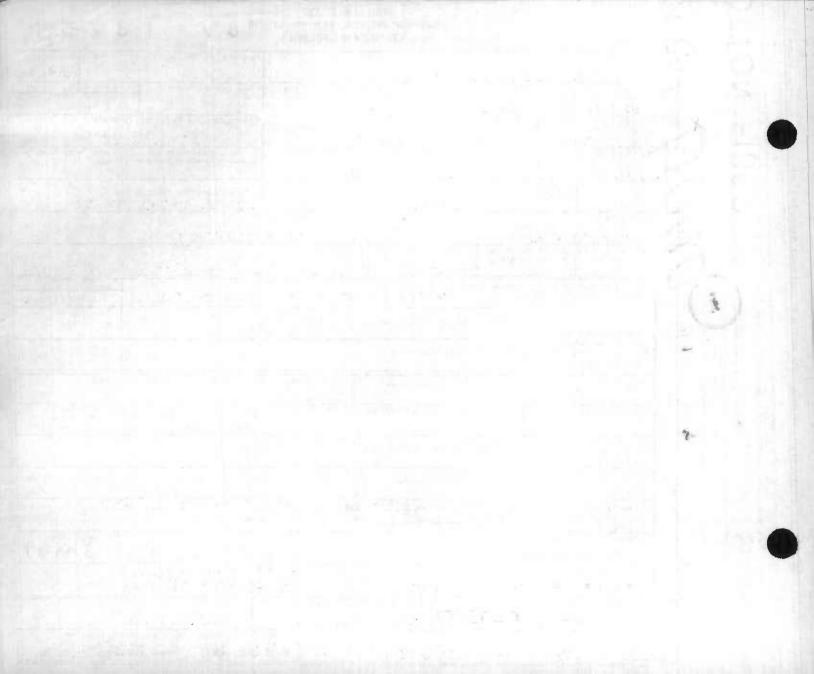


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	1	FOR STATE		DEPARTMENT OF	HEALTH AND MENTAL H	YGIENE R	3/49
4 0 6 MAY 25	27	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	6
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1 121		George		rriken	Etta	1000556	
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O HOSPITAL TO FUNERAL Should be dete		P. Ke	ISER.				
Should with the PO							
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATOR	23d LOCATION CHY OR TOWN	COUNTY STATE
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DHMH - 16 60M 7/B4		JNERAL DIRECTOR				ATE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
(VRA 15, 4)	I.T	ohn C. Miller I	nc. 6415 B	elair Rd	1206 MA	14 2.1 1987 Julia 1	Tendon-Radials
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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

IF UNDER YEAR 2b. HOUR

IF UNDER 24 HRS

20 DATE OF DEATH

0530001

1 - STATE

REGISTRAR

DECEASED NAME

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

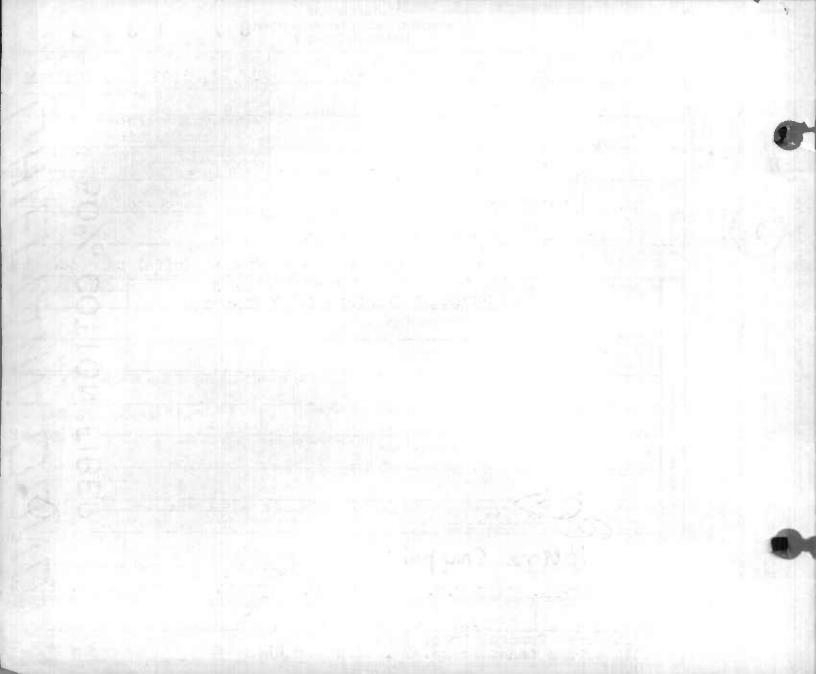
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MARYLAND 212C		AL RESIDENCE (IF NURSING HOME OR CO. TATE 13b. COUNT			3e.STREET ADDRESS /	ZIP CODE
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of of white of the office of t		URIAL, CREMATION, REMOVAL	23b. DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION	
BP		SPECIFY)		unisl	CITY OR TOWN	COUNTY STATE
	24 FI	NERAL DIRECTOR	4		REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84		NAME A M.	1 9 ADDRESS	AMA DE MAN	V 2 4 1987	gulia Distant

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(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTE NNA 0 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS SC SEAR YRS 70 BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? LSTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED [WIDOWED CILY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) YPE OF WORK FOR MOST OF WORKING LIFE) employed USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE TIMORE PRECIONB CIRCUS ANT D 2520 4 EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE OSQUEL elma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO OR WINKHOWN) (IF YES, GIVE WAR OR DATES) · (sottus 18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF emmaly. Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LE EITHER NOTIFY MEDICAL EXAMINER P.M 19 Mer 5 21e. PLACE OF INJURY 211 LOCATION LAT HOME STREET, FACTORY, OFFICE, FARM, ETC | CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 27a I certify that (1) (this hospital) attended the deceased from, sow the deceased alive on obove (1) (we) (did idid not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c DATE/SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR be de MPORTANT 22e ADDRESS should be

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

23e BURIAL, CREMATION, REMOVAL Buria

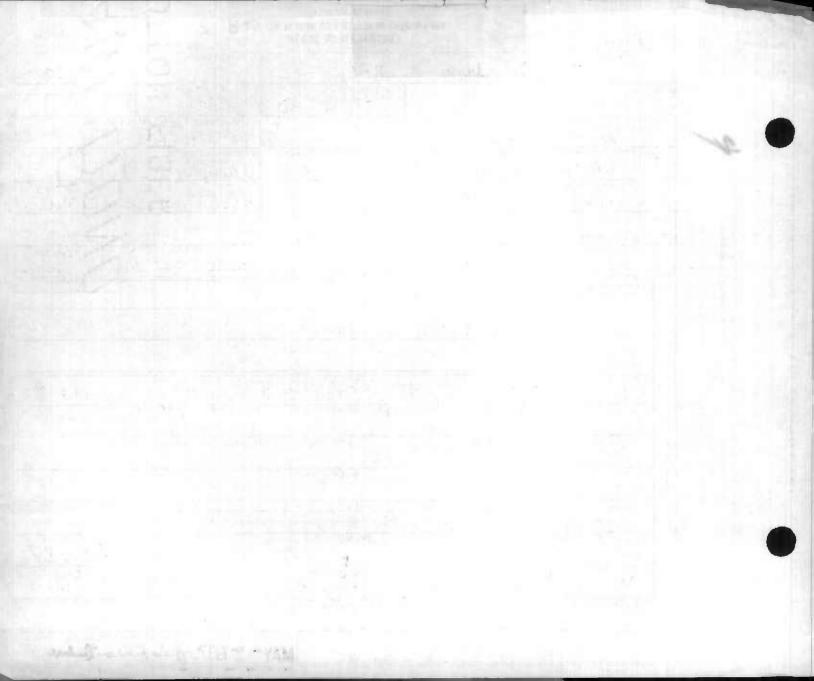
23b. DATE 5/11/87 23c. NAME OF CEMETERY OR CREMATORY Crownsville

23d LOCATION Vet Cem

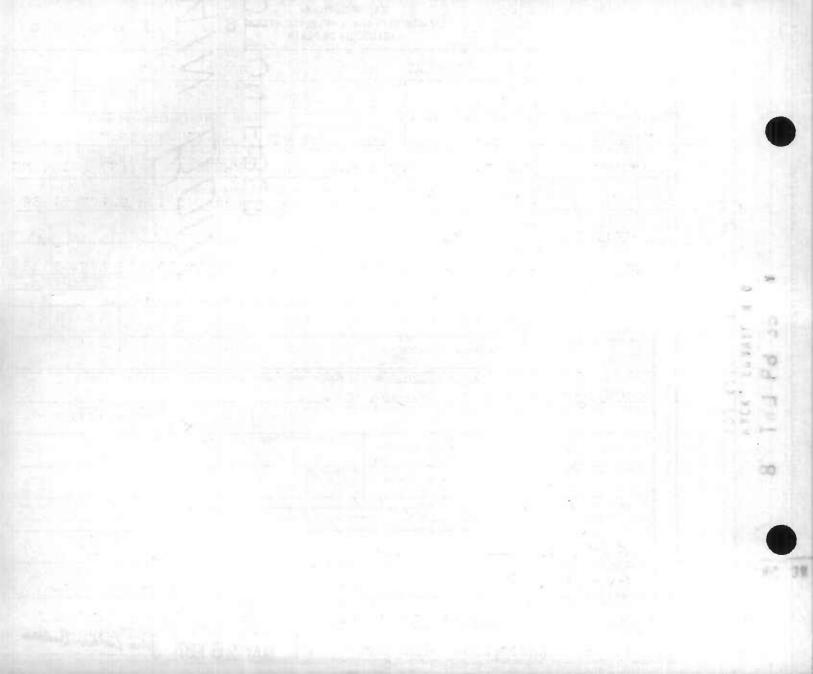
CITY OF TOWN Crownsville

Md

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE March F/H West 4300 Wabash Avenue



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH U/ REGISTRAR REG. NO LAST I DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR LIYPE OR PRINTI GILBERT FRANKLIN MACK MAY 21, 1987 1:00A 1 SEX 4 RACE 5. DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY) MALE WHITE OCT. 14, 1934 a. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. BALTIMORE CITY WIDOWED DIVORCED X ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE COMMERCIAL ART BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING NOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE COUNTY 13c CITY OR TOWN 21234 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE BALTIMORE MARYLAND 1826 DARRICH DRIVE 21234 NO TA M FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST GEORGE MACK 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT GREGORY G. MACK1439 TAYLOR AVE. 21234 NO 19-30-3257 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) SQUAMOUS CELL CARCINOMA of MYNTH. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 COPD HYPERLALEEMIA DEM YORATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) This hospital) attended the deceased fram and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be with the JOHNS MOPKINS MOSP. BALTIMONE 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BALTIMORE, MARYLAND MAY 26, 87 GREEN MOUNT CEMETE CREMATION 24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR SSIGNATURE DHMH - 16 60M 7/84 WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD (VRA 15, 4)



- STATE

BP

DHMH - 16 60M 7/B4

(VRA 15, 4)

REGISTRAR

24 FUNERAL DIRECTOR

C March F/H West

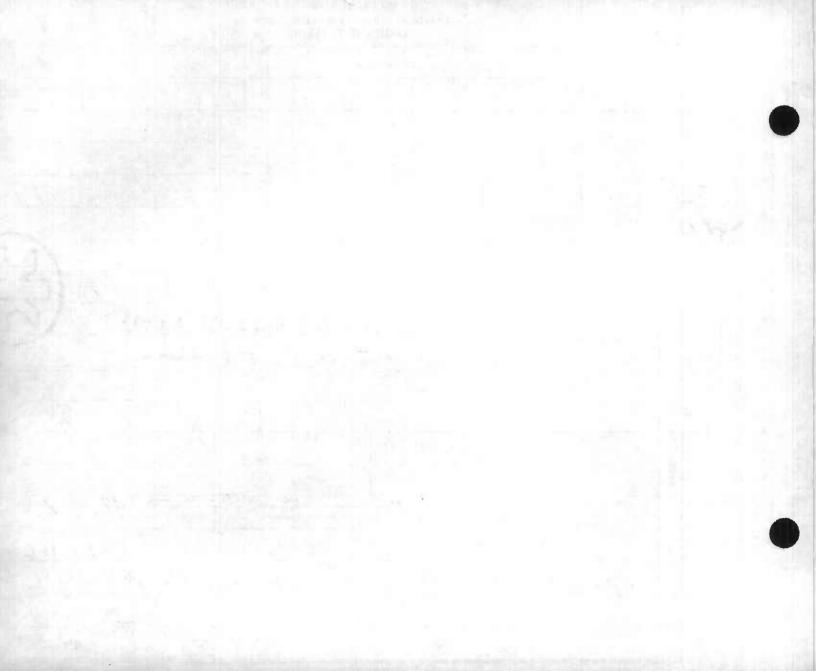
1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 20 DATE OF DEATH 7h HOUR 5 18 87 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 21 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 130 STREET ADDRESS / ZIP CODE 1604 Harlem Avenue 21217 Taylor MIDDLE ADDRESS Lillie R. McCullegan 826 E. 22nd St. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (our) apinian death accurred an the date and have and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN CITY OR TOWN 5/23/87 Cedar Hill Anne Arundel Cem.

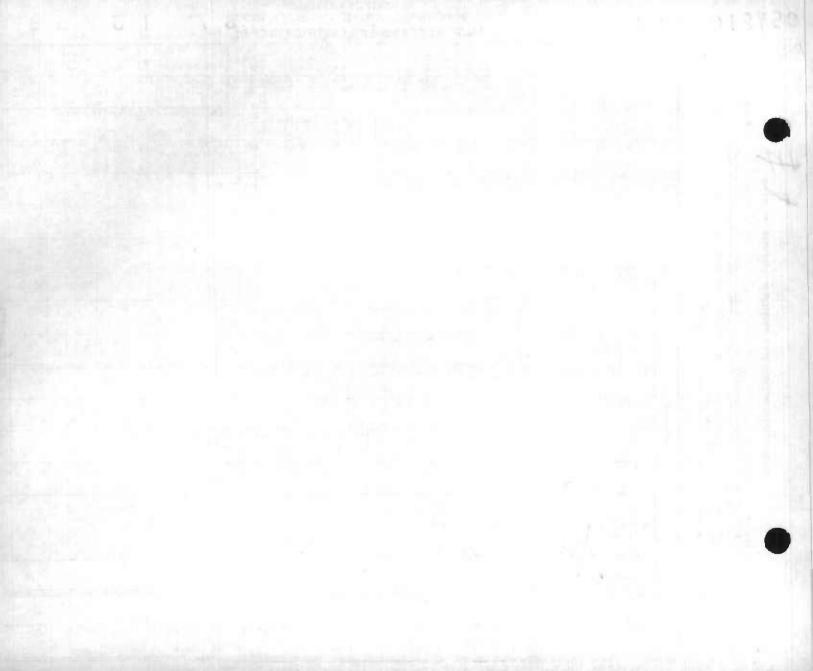
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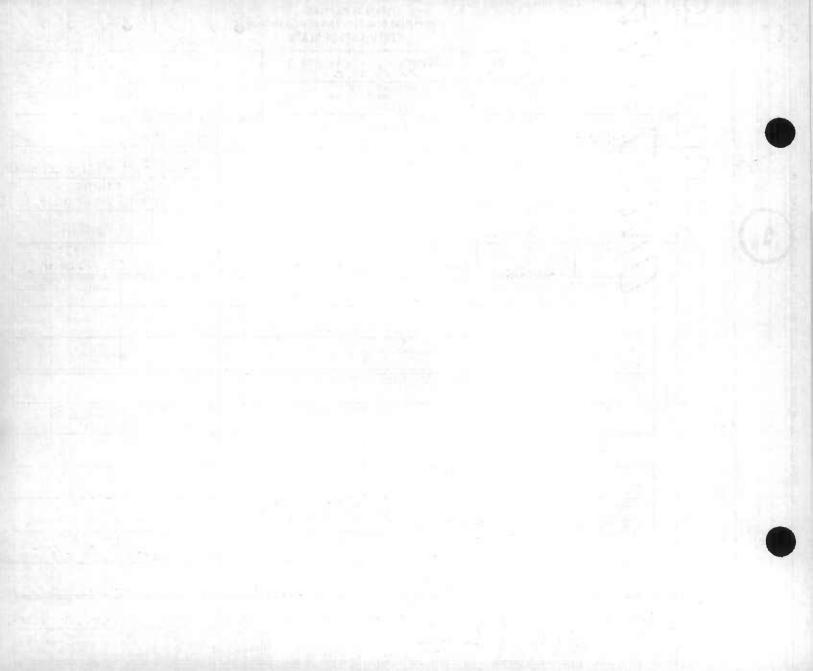
D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



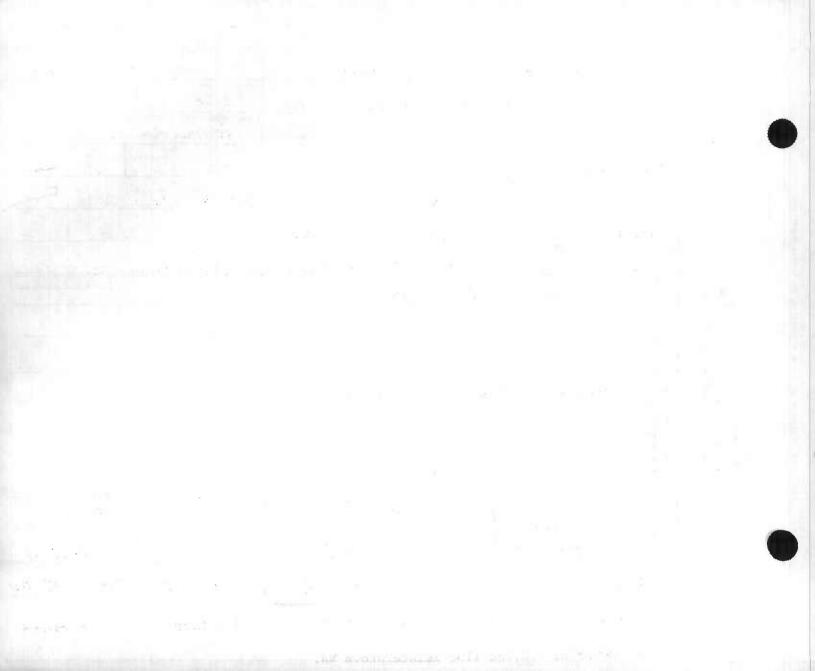
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	REI GER	3 SEX	4		DATE OF BIRTH	- (AGE (IN YEAR	S IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE		MONTE	DAY	YEAR	2d HOUR		
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	F ANY DELAY IS NECESSARY, PIEASE AND 3 TO THE FUNERAL DIRECTOR. PETAIN PAGE 5 FOR YOUR FILES. WITHIN 72 HOURE RECORDS 201 W. PRESTON STREET.		SSISSI		USA			WIDOW		DIVORCE		Ba I 1		e Cit		ND OC BU	MD.		
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•	EDICAL EXA JTE THE CER 4 SHOULD JNERAL DIR JOEATH, WI MORE, MARE		SIGNATURE	Ann N	Divon	M D		M.	Dept.	uty Cl				SIGI	NED		87		
•	MEDICAL EXA GECUTE THE CER AGE 4 SHOULD D FUNERAL DIR FTER DEATH, WI ALTIMORE, MAR		EXAMINER'S (TYPE OR PRINT) Alli P	I. Dixon,				ADDRESS_	uty Ch	Penn	St.,		SIGI	NED	5-26- 21201	87		
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL PAGE 3 SHOULD BE USED AFFER PAGE 3 SHOULD BE USED AFFER DEATH, WITH THE STATE DEPARTMENT OF HIB BALTIMORE, MARYLAND, 21201 PRIÇR TO BURIAL,	230 BI	EXAMINER'S (TYPE OR PRINT JRIAL, CREMATIC	Ann M			AME OF CEM		ADDRESS_	uty Ch	Penn			sigi	NED				
07/84		(5	EXAMINER'S (TYPE OR PRINT JRIAL, CREMATIC PECIFY)	ON, REMOVAL 23b		23c. N/		ETERY OF	ADDRESSR CREMATO	uty Ch	Penn	St.,	Balt	SIGI	MD M d	21201 st			
07/B4 25M		(5	EXAMINER'S (TYPE OR PRINT JRIAL, CREMATIC PECIFY)	ON, REMOVAL 236	DATE	23c. N	ame of CEM arris	etery of	ADDRESS_ CREMATO	uty Ch	Penn 23d. LO CITY O	St., CATION ORTOWN Vings REGISTRA	Balt	SIGI	MD	21201 st			



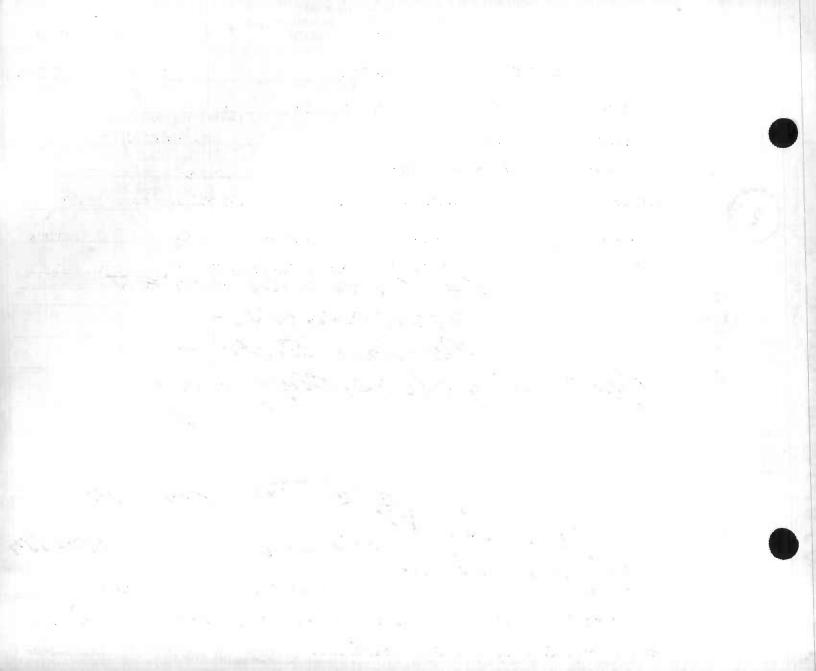
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NG PHYSICIAN. The law requires that the attending physician. The this certificate that been signed by the bit the build-transit petite. Then please the think and Mantal triggens prior to build, crent arked or then 18 shapes ony injury, or other the	ICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICATION	DUE TO, O		DEATH BUT	DAT CYLL CAND			N IN PART Tra	SUSED
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OR ATTENDR or hospilot or DIRECTOR A bested for use a Dept of Health		22a. J certify that (1) (this he saw the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	anS	124 19		od that in (my) (our) opinion DEGREE	death accurred on the	FUND -	22c DATE SIG	
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		SURIAL, CREMATION, REMOVE Cremation				w Mem. Pk.	23d LOCATION CITY OR TOWN		COUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	JNERAL DIRECTOR MAN	A 60	2 w som		25a DA	Catonsvi	Nam		



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1 3 0 TAY 2	1 8	REGISTRAR			ICATE OF DEATH	REG. NO	
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rtificate be g physicion on popers. P ewent, the m		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS			l Rosalie Sop	her 2705 C	Jeremy Ct 21209 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N: The low requires that the death cert rysicon. Icote has been signed by the attending consist permit. Then please remove corbout Hygiene prior to buriol, cremotion, or retains shows any injury, or other troumotic er	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT ATTEMS SOUTHERS 190. DATE OF OPERATION	TO CANGINASC 196. CONDITION FOR	NSEQUENCE OF NG TO DEATH BUT WATL DIS	THIE ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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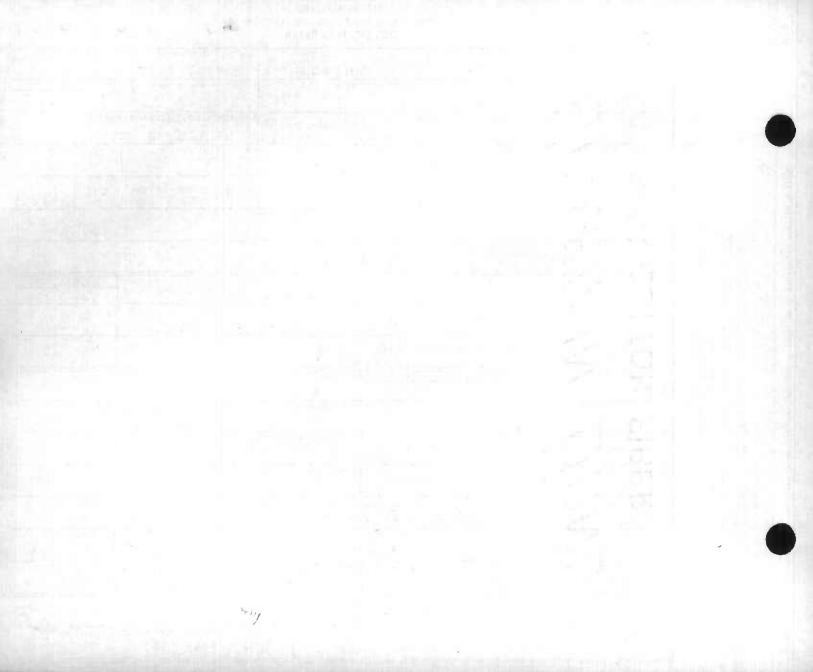
STATE OF MARYLAND 054538 1117 20 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) CATHERINE MAGUIRE C. 87 12:50Pu 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 3 SEX & AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR White Female 14 06 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Maryland WIDOWED DIVORCED | O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1739 Wilkens Avenue Baltimore Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13d INSIDE CITY LIMITS? 130 STATE 13c. CITY OR TOWN 1739 Wilkens Ave. 21223 -Baltimore Maryland YES X NO 14 EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Andrew Maguire Waters Margaret 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Poges Unavailable John K. Barbour, Jr. 6900 York Rd NO 18 CAUSE OF DEATH (Enter only one couse p PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE PERBOLOIV. -Conditions, if any, which gove rise to immediate row stroke . couse (a), stating the underlying cause last DAL DISEASE OR CONDITION GIVEN IN PART IN CERTIFICATION 70s. AUTOPSY PATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED b IN CERTIFYING CAUSES OF DEATH? YES T NO T 216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 0 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC.) STREET NOT WHILE AT WORK 22s.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bo 22h SIGNATURE MEDICAL -ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS ld b St. Agnes Medical Center £ Marion Room 305 A 0 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE COUNTY (SPECIFY) 5/25/87 Loudon Park Cemetery Burial Baltimore Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)

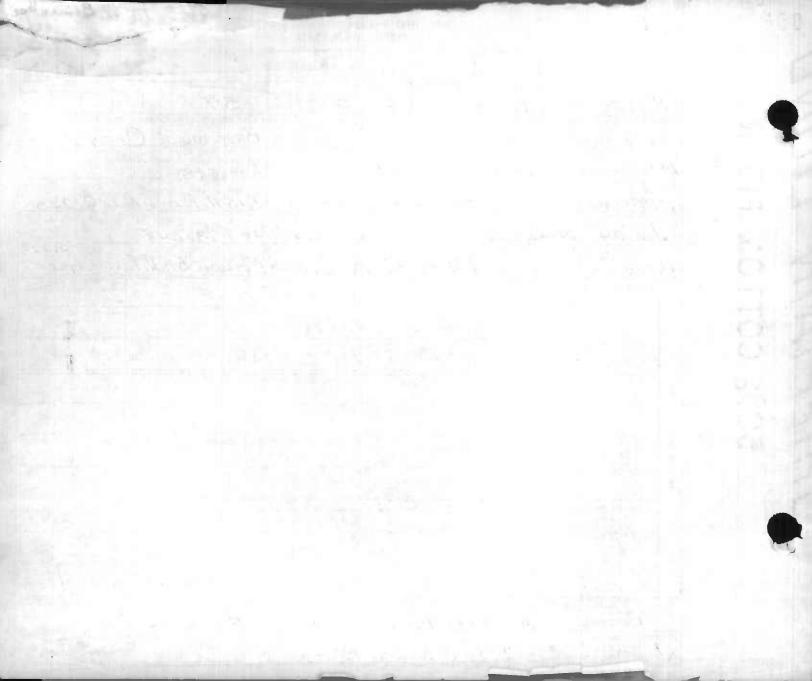


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230 BURIAL, CREMATION, REMOVAL

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(TYPE OR PRINT)

REGISTRAR

I. DECEASED NAME

TUIEN M. VARK

231 NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER

CERTIFICATE OF DEATH

LAST

BY REGISTRAR 256, REGISTRAR'S SIGNATURE lia Devider.

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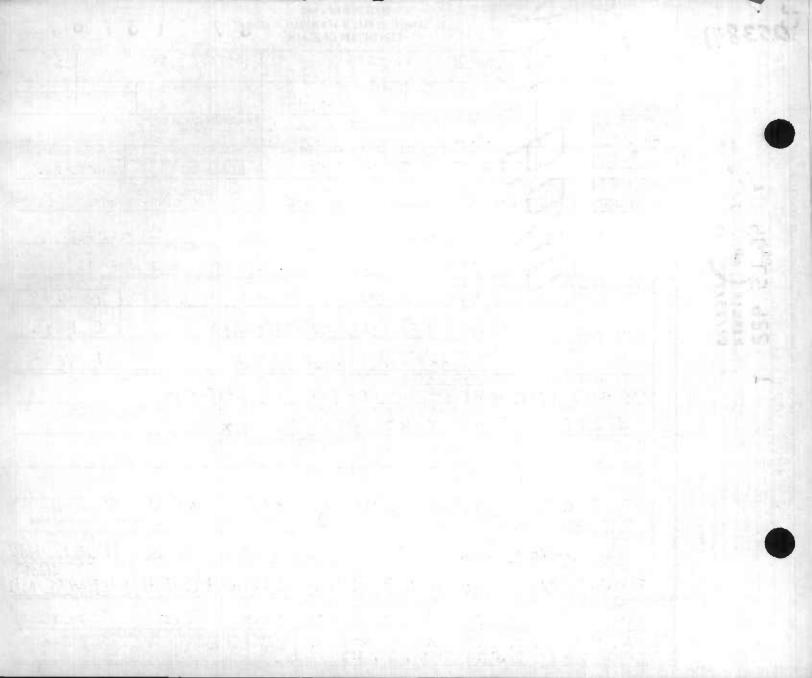
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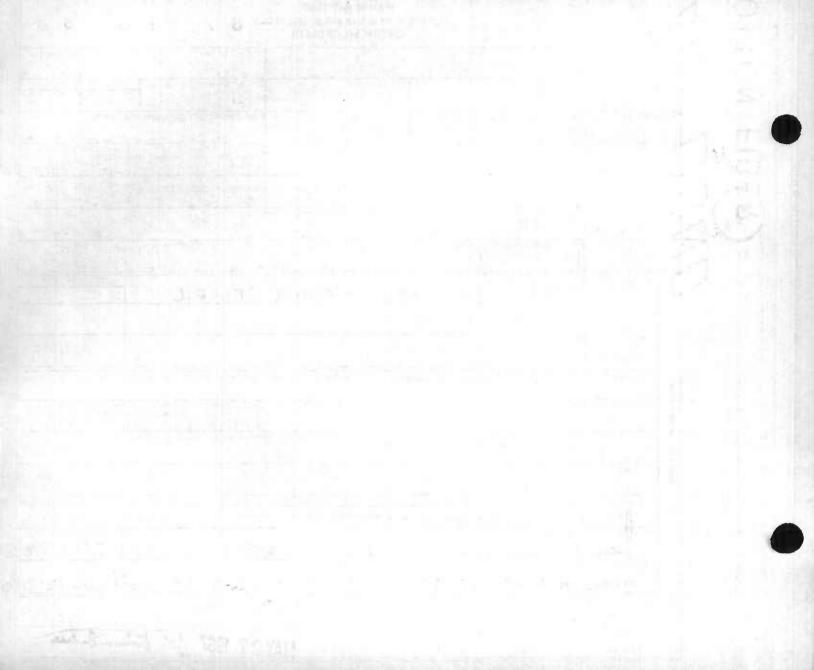
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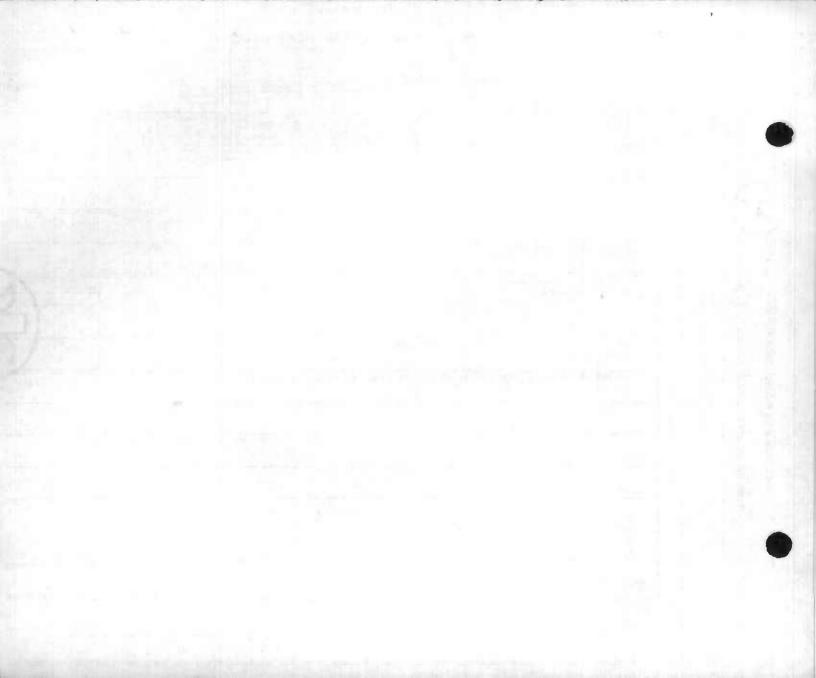
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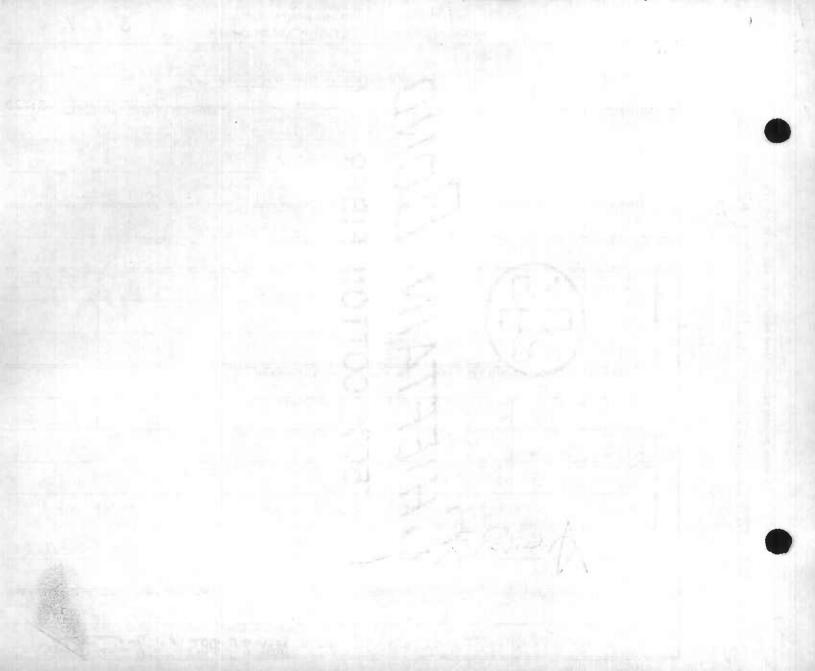
Charles had a guit trainer making the ball of a little

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 18 MICHAEL MARSHALL 19 87 6. AGE (IN YEARS IF UNDER 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 24. HOUR YEAR LAST BIRTHDAY) PRONOUNCED 4:30 Male 8 50 36 YRS DEAD 1987 Black 18 BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA MD DIVORCED WIDOWED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY N/A 1679 Vincent Ct. Baltimore Ma STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1657 Vincent MD Baltimore YESK 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST McGray Marshall Bernice Jesse 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 218-55-1693 Bernice Coston 1567 Vincent Ct. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease and cirrhosis of liver Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01 USED AS A E CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUMBRAL DIRECTOR, PAGE 3 SHOULD BE FOUND BE AFFER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIJOR TO BURIAL, YES X NO 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M TIE. PLACE OF INJURY (AT HOME, 71d INJURY OCCURRED 711 LOCATION STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN COLINTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion Notural causes X death resulted from. Homicide ____ Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 5-19-87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY 236 LOCATION STATE Buria Eastview Mem. ~MD Baltimore 07/84 25M 24 FUNERAL DIRECTOR **DHMH** - 17 1 TOT March F/H E. North Ave. (VR A15 ME (5))

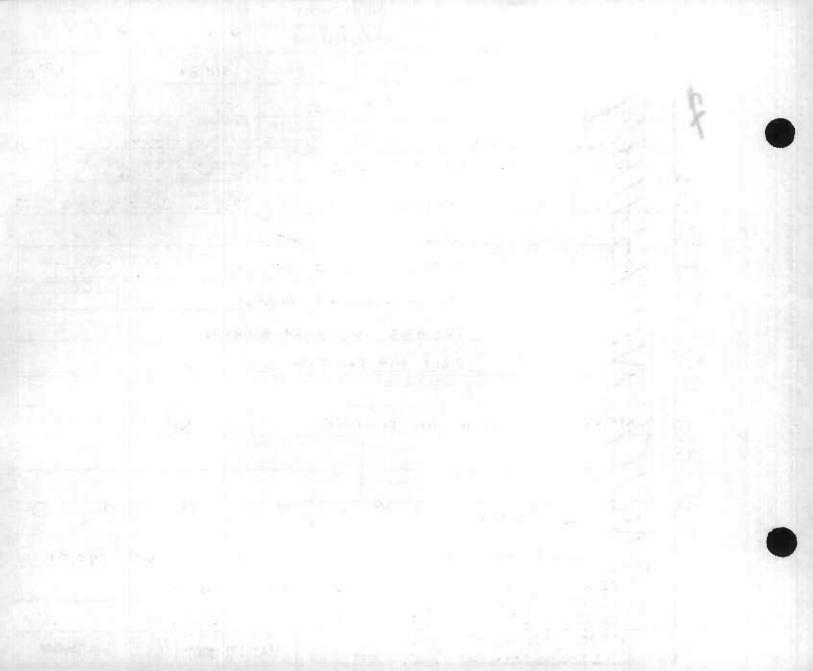


DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X 7h HOUR (TYPE OR PRINT) OF ESTI-**JERI** A. MARTIN 4 RACE SEX DATE OF BIRTH 6. AGE (IN YEARS IF LINDER 1 YR. IF UNDER 24 HRS 2d. HOUR 20 DATE YEAR LAST BIRTHDAY PRONOUNCED 87 Black DEAD Female 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City USA MD WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Infant Baltimore Maryland General Hospital USUAL RESIDENCE (IF IN NUR IN A HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE U. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? North Ave. 21217 Baltimore MD YESX 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Martin Fanny Johnson Tony 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Fanny Johnson 1325 W. North Ave. N/A No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY BE USED AS A BURIAL-TRANSIT PERMI NT OF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL. Sudden infant death syndrome IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO M 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 21d INTURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK X 22a I certify that I took charge of the remains described above, held on Inspection and in my opinian death resulted from: A Natural causes X Homicide Accident Suicide Undetermined manner TITLE (SPECIFY) Deputy Chief MEDICAL EXAMINER ACTUAL DATE 5-22-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn Street TYPE OR PRINT) ADDRESS 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Buria COUNTY STATE 5/25/87 Mt. Auburn Cem. Baltimore MD 07/84 BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March F/H Total E. North Ave. (VR A15 ME (5))

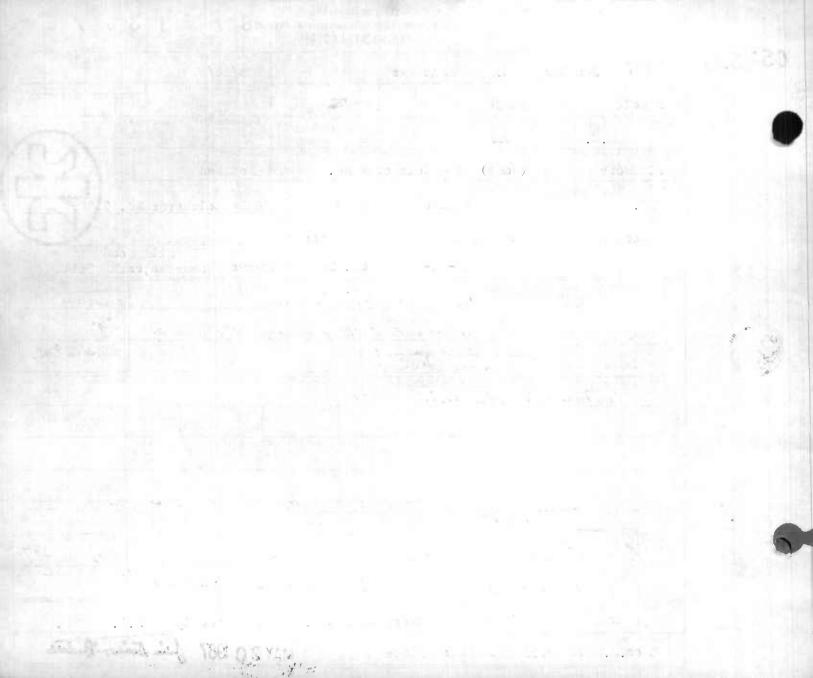
STATE OF MARYLAND

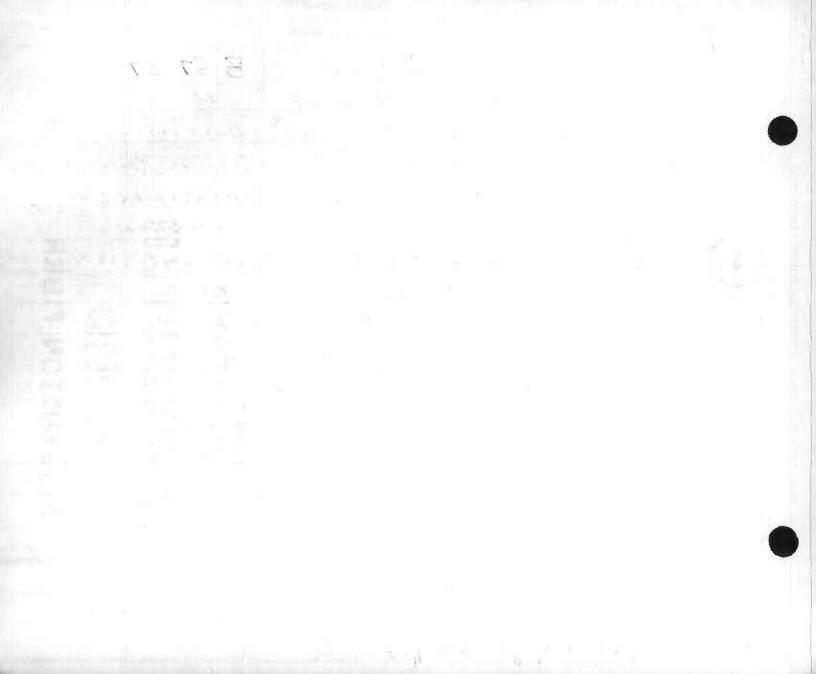


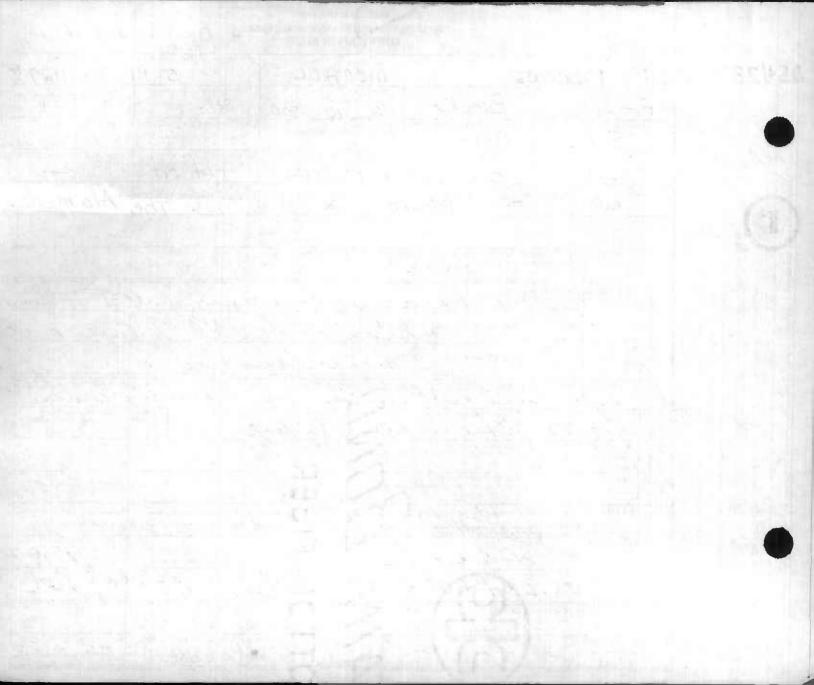
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ofter death	3 SE	x	4 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 2-	- 14			
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of the second	10.0	MD. TY OR TOWN OF DEATH	U.S.A.	WIDOW		BALTIMORE CIT	Y 126 KIND OF BUSINES	MD			
44		ALTIMORE		I. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION UNION MEMORIAL HOSPITAL			INDUSTRY	3 01			
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n e	14 F/	THER'S NAME	MIDDLE LAS	ī	15 MOTHER'S MAIDEN NA		LAST				
X	1	Frank	Schul	Ltz	Joseph	ine	Miller				
uedico.		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL (1906 WAR OR DATES) 218-10	SECURITY NO.	George Marx	(son) P.O. Box	87 Carolina R. 00637				
at, the		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS					APPROXIMATE INTERV. BETWEEN ONSET AND D	AL E ATH			
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ather		underlying cause last		T ITIP	FRACTURE (F	PATHOLOGICAL)					
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2	F	5 8 87	RIGHT H	MP FRA	CTURE	_ 4 4	TIFYING CAUSES OF DEATH	1?			
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	2	AT WORK NOT WHILE AT WORK									
	1	22a. I certify that (I) this hosp saw the deceased alive at	- 0		19.81	death occurred an the date and h		e) lost			
		above, (I) (we (did) (did no	at view the body after death.	. 17, 0	DEGREE DEGREE	death occurred an the date and h	226 DATE SIGNED	ed			
T: If He		Gra 1	C. Sage Mb		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	5/8/87				
I		22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS						
MPORTANT		GINA SAGER				RIAL HOSPITAL					
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236 DATE 5/12/87		nislaus	Baltimore	Md.	ATE			
7/B4	24 F	UNERASCHIMONEK FU	NERAL HOME, I	VC.		TE REC'D. BY REGISTRAR 25 REGI	STRAR'S SIGNATURE				
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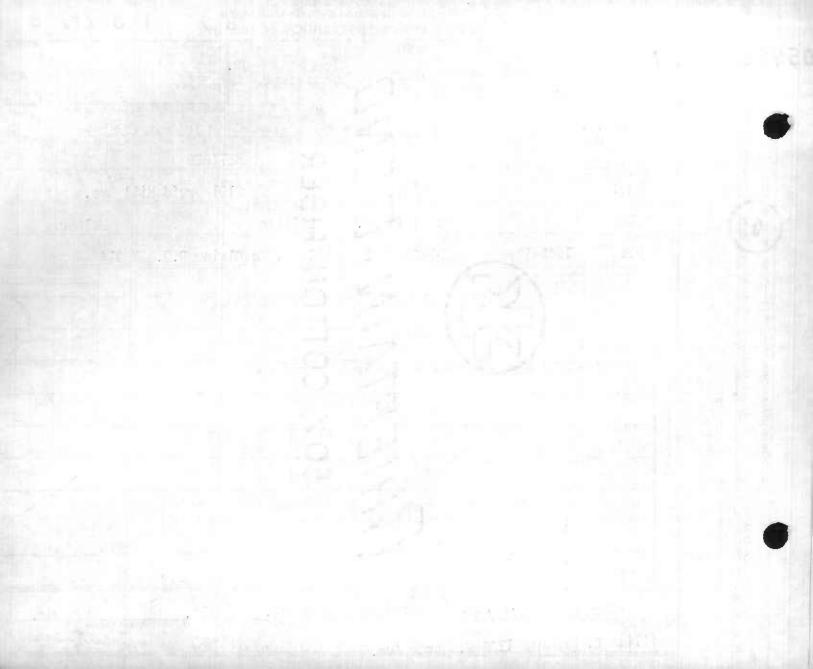
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ctor. pag s offer de	3. SE.	x Female	4 RACE Black	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 62 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
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A Colored		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN] (IF YES G	IVE WAR OR DATES	-10-6488	Dr. Earl Mat	'38RESSHil tthews Severna	Park 21146
The certification of the certi		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A C	ite myoca		ing order desires	BETWEEN ONSET AND DEATH Sudden Typ Whe Haw 944.
he toe requests non no been signed reprint The plus ene prior to living one only injury, or	TIFICATION	PART 2 OTHER SIGNIFICANT CereStorss 190 DATE OF OPERATION	conditions CONTRIBU	TING TO DEATH BU		IN CERT	ES, WERE FINDINGS USED SIFYING CAUSES OF DEATH? YES NO
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Collection of the formation of the forma		27a L certify that (I) (the hear saw the deceased alive a above, (I) (wa) (did) (did n 27h (II) (NATURE	outall attended the deceas in 4/3 t/5 7 not) view the body after dec	ed from No.	ond that in (my) (and opinion DEGREE ATTENDING	death occurred on the date and he MEDICAL STAFF DIRECTOR PHYSICIAN	that (I) (we) lost out and from the couses stated 21. DATE SIGNED 11. 1987
TO HOSPILL retained the should be should be with the SI			SER MD.		606 HAMMONDS	SLANE BASTIMORE	MD/21225
BP		BURIAL, CREMATION, REMOVA (SPECIET) Burial	23b. DATE 5/19/87		Hill Cem.	23d LOCATION CITY OR TOWN Brooklyn	A.A. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR Chas.A.Rice	FSPA 1300 Eu	taw Place	25a. DA	TE REC'D. BY REGISTRAR 24 REGIS	Jerden Rubes



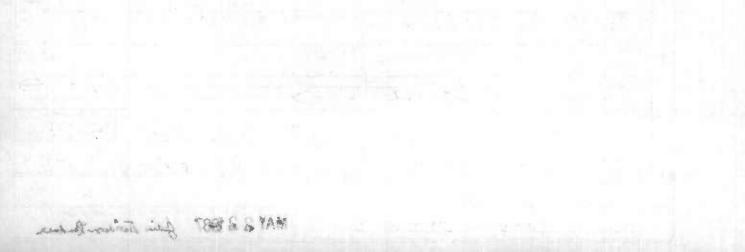


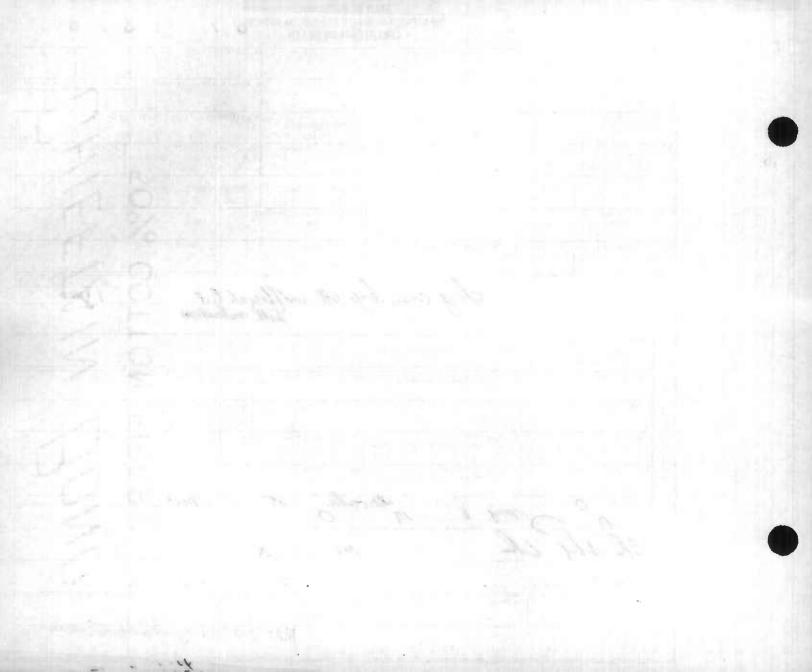


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AL EXAMINER: THE CERTIFICATE,	PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUI			at I took charge	e of the remains desc	Accident		Autop	Hamic		Undeter	Inquiry C	ner .	DATE SIGN		5-24-	-87
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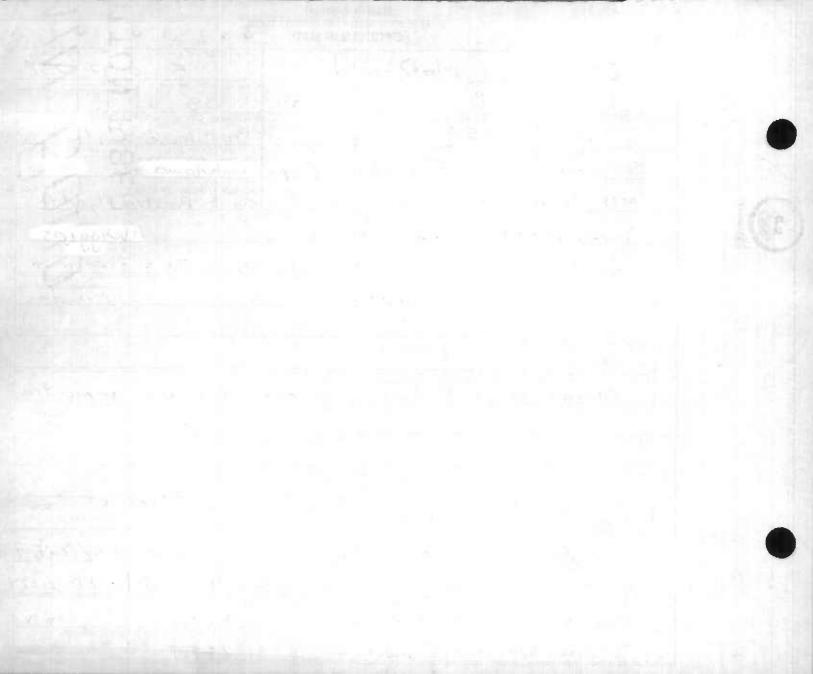


3 6 5 MAY 25	ļ,.	FOR Film G627 Item 168 5-27-87 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 7 CERTIFICATE OF DEATH REG. NO.
a may be		CEASED NAME FRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR OR PRINT) GEORGE F MCCI elland 5 17 87 6:05 F X ARACE S. DATE OF BIRTH MONTH DAY YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MINI.
death Page unteral direct pm22 hours o	1	RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED PREVER MARRIED PREVER MARRIED BUTTON CETY N
	1	ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 USUAL OCCUPATION (TYPE OF NORK FOR MOST GF WORKING LIFE) 130 STREET ADDRESS / ZIP CODE
The state of the s	1	ATHER'S NAME FIRST CONTROL OF THE STANDER MIDDLE MASS DECEASED EVER IN U.S. ARMED ECRCES? LIAN SOCIAL SEC. MIX NO MAN AND MAN ADDRESS.
ote be execution and compart, Popel		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SEC. "ITY NO. 17. INFORMANT (Spouse) Alice McClelland 121 Bayside Dr. 21222 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
quire, that the death cert signed by the attending their please remove carbon to build, cremation, or re- sjory, or other traumatic e-	NC	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)
JAN. The low-se physicien lifecule hos been irrorest permit 1 of Hygeres prior 1, 18 fribers ony in	L CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH 216 ACCIDENT WAS UNDERLYING CAUSE OF DEATH ACCIDENT
DING PHYSIC or ortending After this car se on the burin oilth and Merr monked or he	MEDICAL	(IF EITHER: NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE WHILE AT WORK 21e. I certify that (II (this haspital) alrended the deceased from 19 22e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the deceased from 19 27e. I certify that (II (this haspital) alrended the 19 27e. I certify that (II (this haspital) alrended t
TAL OF ATTEN SAL ORECTOR detected for units Dest of He		saw the deceased alive an 17 6 19 7 , and that in (my faur opinion death occurred an the date and haur and from the causes stated above, (I) (we (idial) did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P
TO HOSPI refusited by TO FUNE should be with the Si	230	2704. PHYSICIAN'S NAME (TYPE OR PRINCE) WISCHELL WS 2704 ADDRESS 4940 Basten De Bott MD BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE
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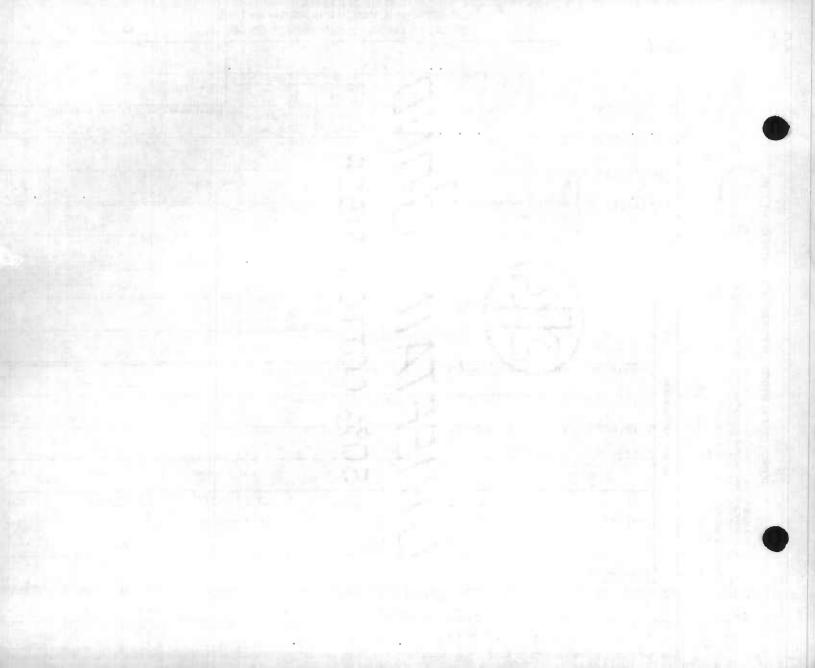


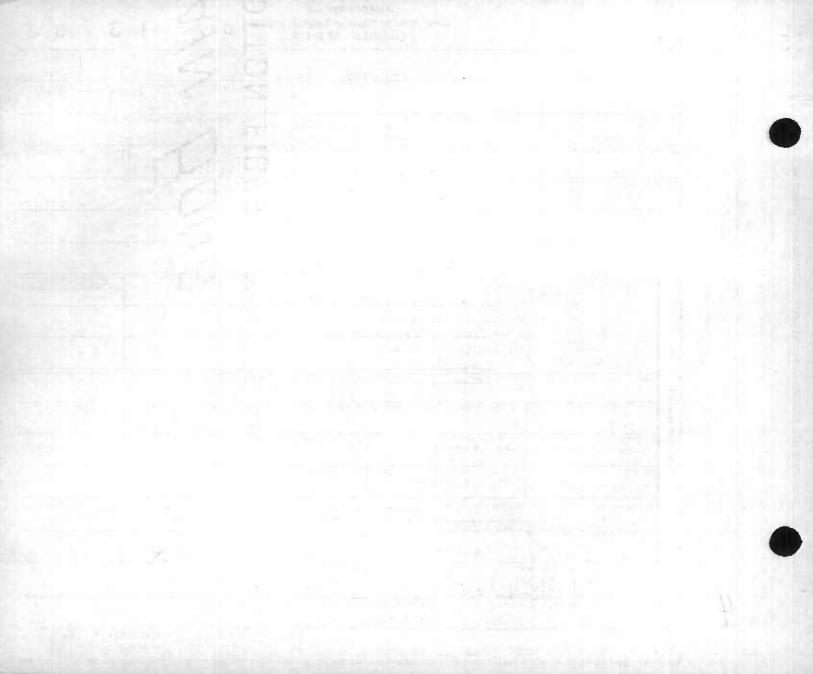
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires th ottending physicion. Ster this certificate has been signed to sthe burack-transit permit. Then plea th and Amental Hygiene prior to burial orked or them 18 shows any injury, or	100	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CONTRIBU	TING TO DEATH BU	NOT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION GI	VEN IN PART Ita	,
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH 2h HOUR TYPE OR PRINT OF ESTI-NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET, John McDonald Jr L. 20 87 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DAY 2:14 A M DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 18 69 YPS Male Black 3 DEAD 20 1987 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED THE NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City S.C. WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS 503 McElderry Street N/A Baltimore THAT RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21202 J. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 503 McElderry St. Apt. 102 Baltimore YES TO Md. NO [] FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE John Joella McDonald Graham 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) I IF YES, GIVE WAR OR DATES 250-20-7350 Sadie P. McDonald 503 McElderry Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN SEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING". IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINED TO THE CHIEF ADDICAL STANDARD TO THE CHIEF ADDICAL SHOULD BE USED AS BUILD ARREST AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND SHOULD BE WITH AND SHOULD SELVEN, CHEALTH AND SHOULD SELVEN, WITH THE STATE DEPARTMENT OF HEALTH AND SHOULD SELVEN, CREMATION OF HEAD Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OF TOWN COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy and in my apinian Inspection Inquiry death resulted from: Natural causes Hamicide Undetermined manner HILE ISPECIFY ACTUAL 5-20-87 istan MEDICAL EXAMINER EXAMINER'S NAME Shyth, M.D. Dennis (TYPE OR PRINT) Penn St., Balto., MD 21201 230.BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATOR STATE 5-28-87 Burial Garrison Forest Owings Mills Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March Funeral Home DDRESS 1101 E. North Ave. (VR A15 ME (5))

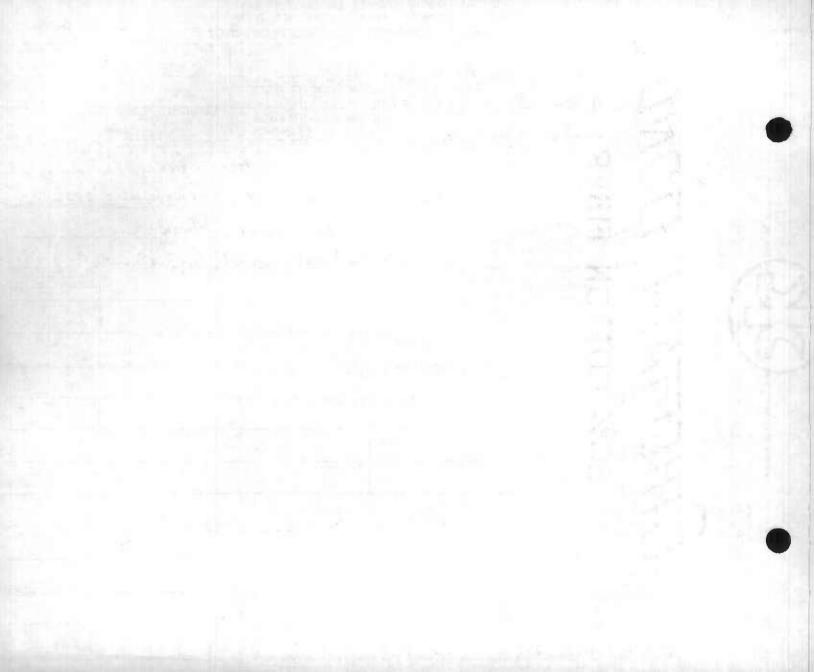
STATE OF MARYLAND



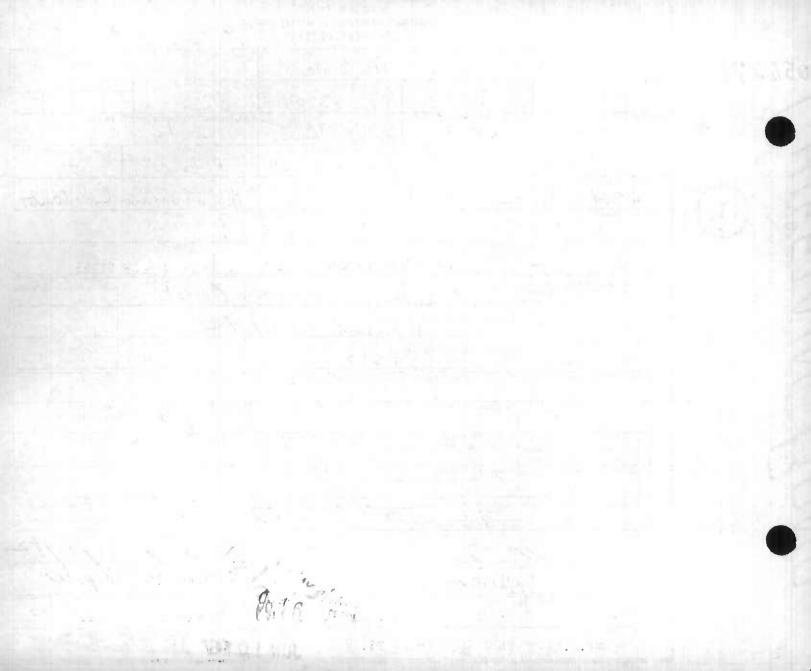


DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN X 2b. HOUR OF ESTI YOUR FILES. IN 72 HOURS ITON STREET, DEATH MATED 18/ Dorothy McKay 87 19 ERAL DIRECTOR OR YOUR FILES 4 RACE 10:30 A M IF UNDER 1 YR. DATE OF BIRTH A AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY RONOUNCED FEMALE 39 YRS DEAD 18/ 1987 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED FOREIGN COUNTRY! Baltimore City, WIDOWED A CONVORCED WASHINGTON DIC. O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1176 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore 906 W. Saratoga St. HOMEMAKER UAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21201 134 INSIDE CITY LIMITS? 130 STREET ADDRESS YES (NO) 906 SARATUGAST 21229 MARYLAND BALTIMORK 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MORACE 16b. SOCIAL SECURITY NO MISS FRANCING MCKAY 201 SILVER CT 2123 4752 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cirrhosis of Liver IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL - I lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. ED AS A B CERTIFICATION Chronic Alcoholism MER: THIS CEN.
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R. PAGE 3 SHOULD BE USED.
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TO PROPARTIMENT OF 190. DATE OF OPERATION PEAD & 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? ABDO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW

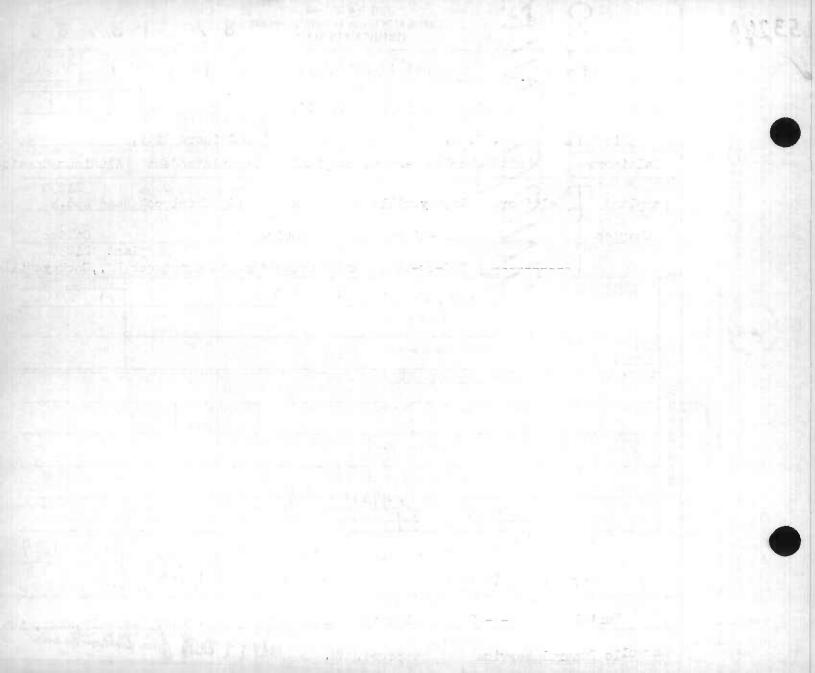
TO FUNERAL DIRECTOR: PY
AFTER DEATH, WITH THE ST,
BAHTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains of IEAO and ABDO Inspection Inquiry and in my apinian death resulted from Natural causes Undetermined manner THTLE (SPECIFY) ACTUAL 5/18/87 stant EXAMINER'S NAME Dennis F. Smyth 111 Penn St. (TYPE OR PRINT) **ADDRESS** 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION COUNTY STATE BALTO BP 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** RUSS 2227 WINDRIN (VR AI5 ME (5))



	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF HEAL	MARYLAND TH AND MENTAL HYG TE OF DEATH	REG. NO.	3 7	3 3
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ng physicic ponpoper removol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one cause per line for (a), to BY: E CAUSE (a)	Valo p	Imona	ly Allest	APPROXIMAT BETWEEN ONS	E INTERVAL
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BP		BURIAL, CREMATION, REMOVAL	23b. DATE 6/6/87	Mt. Zic		23d LOCATION CITY OR TOWN Landowne	. bM	STATE
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR NAME Chas. A. Rice	FSFA 1300°E	ütaw Pl.	25a DATE	REC D. BY REGISTRAR 256 REGIS	TRANSSTONATURE	E .



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053240	1.	- STATE REGISTRAR			CATE OF DEATH	REG. N	13	186
poge 3		CEASED NAME FIRST E OR PRINT) EARLE	MIDDLE .	MCLE	MITHAN		MONTH DAY YE	3.55 M
ofter death. Page 4 moy the funeral director. page 4 million 72 hours after divided in ofter divided in ofter divided.	7a. B	Male IRTHPLACE (STATE OR FOREIGN 76 COUNTRY) Michigan ITY OR TOWN OF DEATH 11.	White CITIZEN OF WHAT COU U. S. A. NAME OF HOSPITAL,	MARRIEI WIDOWE NURSING HOME O	DAY YEAR 11 1908 DE NEVER MARRIED DIVORCED DIVORCED TO THER INSTITUTION	Baltimore	R COUNTY OF DEAT	TH MD. IND OF BUSINESS OR
uted within 24 hours of	13a. N	AL RESIDENCE (IF NURSING IN THE OF OTH STATE	imore Cocl	ce before admission) or fown kepsville ast Lenithan	13d INSIDE CITY LIMITS? YES NO CO	AME MIDDLE	zip code brook Road	Calder
BALTIMORI		YES, NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES)	-09-8211	Norma McTen	ithan 605Cra	ssMaryland	21030
that the death certificated by the other certificated by the other certificated by the other certificated by an other troumotic every, or other troumotic every	NC	PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CON	NSEQUENCE OF	EUKEM'A		~	PPROXIMATE INTERVAL WEEN ONSET AND DEATH OO PTYS C
he low re on. has been to permit. I ene prior ows any in	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
NG PHYSICIAN: The low require the this certificate has been signed as the burial-transit permit. The hand Mental Hygiene prior to the and Mental Hygiene prior to acked or Item 18 shows any injury	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT P.M.	TH DAY YEAR		RRED (ENTER NATURE OF INJU		
DIVISION DING PHYSI Or attending After this ce e as the buri olth and Mer	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	761	216 LOCATION STREET	CITY OR TO	WN COUN	TY STATE
SPITAL OR ATTEN ed by the hospital UNERAL DIRECTOR: d be detoched for us he State Dept of He RTANT: if Hem 21 is		220.1 certify that (I) (this hospital) saw the deceased alive an paper, (I) (we) (did) (did not) vi 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PR	iew the body after death	19.87, an	d that in (my) (our) opinior EGREE ATTENDING PHYSICIAN 22e ADDRESS	, to	IAND O	SIOSI87
TO HO retornor 10 FI with the MPD IMPO	23a	BURIAL, CREMATION, REMOVAL 1	23b. DATE	23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION) C) (P'O P	C My Eley
BP		Burial	5-9-87	Winche	ster Cemeter	y Byron Cen	ter Townsh	nip.Kent.Mich
DHMH - 16 60M 7/B4 (VRA 15, 4)		arzullo Funeral	Service AD	Upperc		AY 1 1 1987	25b. FEGISTRAPES SIG	SNATUR



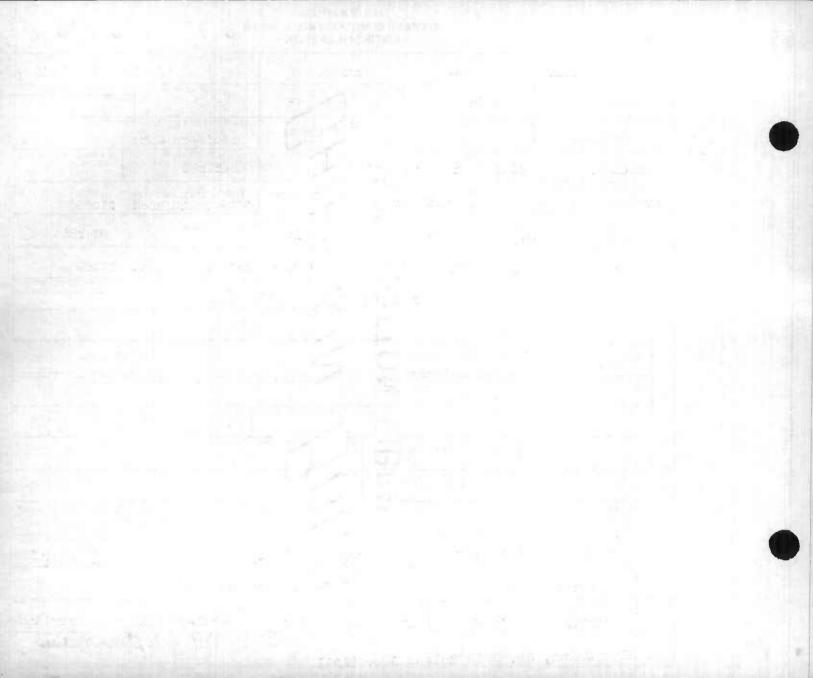
5 3 3 Juli -	b	STATE REGISTRAR		DEPA		ICATE OF DEATH	REG. N	0.	3 /	8 /
noy be poge 3		CEASED NAME FIRST OR PRINT! Willia	ım	A.		cNamee	20 DATE OF DEATH	05 29	VEAR 87	7:45 A
ge 4 moy	3. SE	Male	4 RACE Whi	te	5. DATE (6 AGE TIN YEARS LAST BIS	YRS IF	UNDER 1 YEAR	IF UNDER 24 HRS
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filled in hould be must b	13a. 3 Ma	AL RESIDENCE (IF NURSING HOME STATE 136 CO		GIVE RESIDENCE B 130. CITY OR B Balti	TOWN	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	130 STREET ADDRESS 2309 South		21209	
ted within)	THER'S NAME FIRST John	MIDDLE A.	McNam	iee	Beulah	WIDDLE		Culr	tis
be execution and construction of the construct			ARMED FORCES? GIVE WAR OR DATES) W II	213-18	SECURITY NO. 3-6958	Anna McNamee	2309 South		21209	MATE INTERVAL DNSET AND DEATH
uires that the death corning signed by the attending ten please remove corba burnal, cremation, of burnal, or other traumatic of the signed by an other traumatic of the signed burnary, or other traumatic of the signed burnary.	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	(b) DUE TO, C (c)	OR AS A CONSE	EQUENCE OF	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	IDITION GIVEN	IN PART I	
on. hos been t permit. Then ene prior the	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, V IN CERTIFYIN	NG CAUSES	
PHYSICIAN THe trending physicic richis certificate the buriol-tronsit and Mental Hygic ed or Item 18 sho	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A	OF INJURY	19	211 LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE
ATTENDING hospital or o RECTOR: Affeed for use os of or use os on or of the other or of the other or of the other or of the other or	No.	27a I certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did	on		19, or	, 19 , and that in (my) (our) opinion				
O HOSPITAL OR etoined by the It TO FUNERAL DIR should be detoch with the Store Der		THE HYSICIAN'S HAME IT	The state of the s	gul	N	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA		5/3	29/87
TO HOSP retorned I TO FUNE should be with the S IMPORTA		Walter E			23c NAME OF C	1900 E. NOT	thern Parky			
BP		Burial	6/1/8	37	Grave F	un Cemetery	Beckleys	sville '	M	aryland

6/1/87

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)



	1	FOR	DE		OF MARYLAND EALTH AND MENTAL HY	CIENE (A)	1 7	7 2 2
67	20.3	- STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO		, 0 4
₹24		CEASED NAME FIRST	MIDDLE		MCHEAVE	20 DATE OF DEATH		YEAR 26 HOUR
o Age		CHARI				APRIL 28		10:45P
10 m	3. SE	MALE	4. RACE	S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS	DAYS HOURS MIN.
0 4	1				E 3,1926	60	YRS.	
3		COUNTRY) BALLINGE COUNTRY) BALLING	76. CITIZEN OF WHAT COU	MARRIED WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY O		MD
P	19 C	B ALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV THE JOHNS	E STREET ADDRESS)		170. USUAL OCCUPATION OF OF WORK FOR MOST OF	F WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY
8	13a.	AL RESIDENCE (IF NURSING HOME OR STATE IN COUN	OTHER INSTITUTION GIVE RESIDENCE TY 131. CITY O	RTOWN	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	ZIP CODE	Evan 014
Je Je	14. F/	t and the second	widdle WC IV	EAVE	15. MOTHER'S MAIDEN NA	MIDDLE	He	LAST
medicol		WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES. GIV ES - NAVY WW	F WAR OR DATEST	8-6429	mrs Dixe D	838-2916 ADDRE	SS TRUHES P	7:4 Road
emoval.		18 CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE IMMEDIA)		16), and 10:11				AMPROXIMATE INTERVAL DETWEEN ONSET AND DEATH
notice			DUE TO, OR AS A CON					6
notion.		Conditions, if any, which gove rise to immediate	(b) Res	potretery	Arrect			commutes
rother		couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	DCC POLICE	Inferction	2		1 days
Then pl to buri injury, a	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	MIN AL DISEASE OR CONI	DITION GIVEN IN I	PART Ira
ws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING	FINDINGS USED CAUSES OF DEATH?
8 sha	ERT	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NOW	YES T	NO D
r Hem 1		OR CONTRIBUTING CAUSE OF DEA						•
ced or He	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	OFFICE, FARM, ETC.)	218 LOCATION STREET	CITY OR TO	wn (O	UNITY STATE
mor mor		220.1 certify that (1) (this hasp)	tal) attended the deceased	from April	10 87	Frak a	\$ 10 5	- that (I) (We) last
of He 21 is		saw the deceased alive an	April 29	C wash	d that in (my) (Our) apinian	deoth occurred an the do		, mor in kings last
tept.	. 173	22b. SIGNATURE	t) view the body after death.		PEGREE			C DATE SIGNED
=		C- 1000	o O V		ATTENDING PHYSICIAN I	MEDICAL STAF		1/28/87
PORTAN		220. PHYSICIAN'S NAME (TYPE O			22e ADDRESS	OHNS HOPKINS		
with the State	230 E	BURIAL, CREMATION, REMOVAL		23c NAME OF CE	METERY OR CREMATORY	23d LOCATION		
			may 1, 1987	1	nemonal Garden	5 BELALE HAR	+ COUNT	TATE STATE

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To American Aut. Sections of the Aut.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

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- STATE REGISTRAR				ICATE OF DEATH	REG. N	10.	0 /	, 0
DECEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT) A 1/ THE	PING	(FO	Mr	NTCHOLA	£ 4	5 /	10/87	1175A
3. SEX	4 RACE	5.	DATEO	F BIRTH	6 AGE (IN YEARS LAST BE	(YACHTS	MONTHS DAYS	IF UNDER 24 HRS
Male	White		0671	8/26 YEAR	60	YRS		HOURS MIN.
O BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	_		
Maryland	USA		VIDOWE		Baltimore			M
Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING F CHFACILITY, GIVE STREET ADD THES HOSPIT	RESS)	ROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Policeman	OF WORKING L	IFE) INDUSTRY	GOVT.
	e or other institution ounty	GIVE RESIDENCE BEFORE ADA 134. CITY OR TOWN Catonsvil	1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1209 MCCO	/ ZIP COD	Äve. 21	228
John McNicho	las	LAST	JE.	15 MOTHER'S MAIDEN NA Marie Marti			LA:	ST
160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) YES	ARMED FORCES?	216-20-62		Margaret McN	icholas 120			Ve .
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUENCE	7	CO NOT RELATED TO THE TERM	ANAI DISEASE OF COM	ADITION GI	VEN IN PART 1	
	IN CONDITIONS C	ONTRIBUTING TO DES		NOT KEERIED TO THE TERM	MINAL DISEASE ON CO.	DITION	ACIA HA LAKT TI	0
190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH OP	PERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERT	S, WERE FINDI	OF DEATH?
OB CONTRIBUTION CAUSE O	F DEATH HOUR A	DF INJURY M. MONTH DAY M.	YEAR 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ		PART T OR PART 21	NO []
WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET FACTORY, OFFICE FARM	A ETC)	21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
220.1 certify that (1) (this has a saw the deceased alivabove, (1) (we) (did) (did)		7 7 7	100	d that in (m) (our) opinian	death accurred an the	ote and ha	. 19 6 + . iur and fram the	that (we) la
276 SIGNATURE	tues			DEGREE ATTENDING PHYSICIAN [MEDICAL STA		221 DATE	16181
22d PHYSICIAN'S NAME (TYPE OR PRINT)	Su 1/4	-	27e ADDRESS		11	200	-1

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached MPORTANT: If He

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23b. DATE

Howard 05/13/87 Meadowridge Cemetery Dorsey Ambrose Funeral Home, Inc. 1328 Sulphur Spring

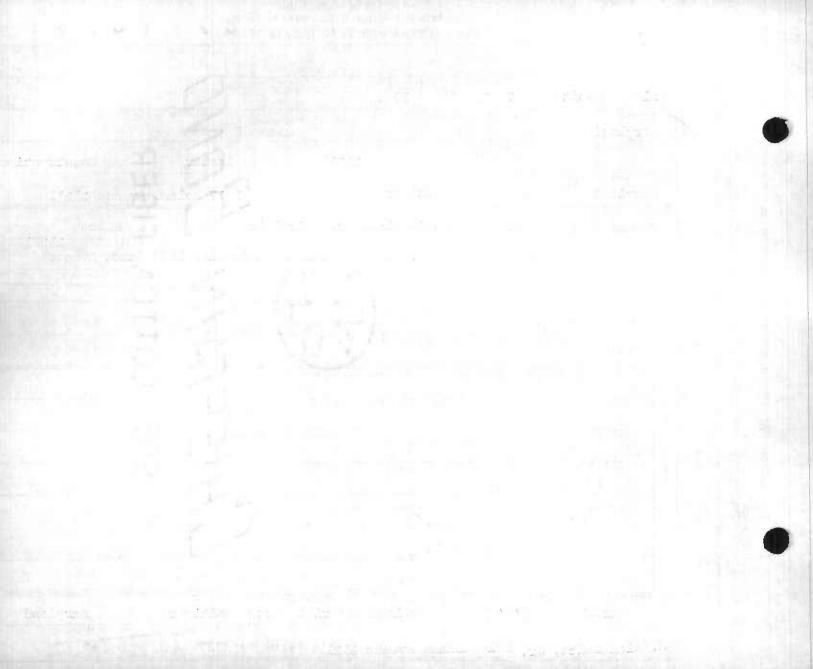
Md.

23d. LOCATION

STATE



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	98 W A 93 W		(TYPI	E OR PRINT)			~				l Or	MATED [07.4		
	RSEE SE		3. SEX	T	4 RACE	5. DATE OF BIRTH	1 6 A		CNICHOLA Under 1 yr. Tie	F UNDER 24 H			MONTH	3-87 19	YEAR	2d HOUR
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	245三年	7		RTHPLACE (ST	ATE OR	76 CITIZEN OF WH	AT COUNTRY	? 8	20150 🗆 11515	n pp. icp. I	9 BALTIA	MORE CITY				
	220 Da	4		reign country) Maryland	a	US	A		RRIED NEVE	DIVORCED		imore	dty			
	W. S. W.			TY OR TOWN O		II NAME OF HOS	PITAL, NURSIN	IG HOME, OR O		ON 12s	USUAL OCCL	JPATION LTY		12b. KIND	OF BUS	MD.
	A E O E O			Dallia		(IF NOT IN SUCH FA	CILITY, GIVE STREET	ADDRESS)	211		Plaster	RKING LIFE)	1	CORS	DUSTRY	ction
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21201	IF ANY DELAY IS NE 2, AND 3 TO THE FUI 3. RETAIN PAGE 5 SHOULD BE FILED, IL RECORDS, (20) W	5	13a S	Maryland	d 136 COUR		Baltin	nore	13d INSIDE CITY	LIMITS? 13e	STREET ADDR 3817 RC	ess Pland	Avenu	e 212	211	
9	- 000 O		14. FA	THER'S NAME		WIDDLE	1.00		15. MOTHER	'S MAIDEN N	AME	MIDDLE				
BALTIMORE, MD.	M PM PM)	7	Thomas		W.	McNich	holas, S	r. Vir	ginia		MIDDEE	Mo	ore	,4	
Q X	N A G	7	16a. V	AS DECEASED	EVER IN U.S. AF			SECURITY NO.	17. INFORMA	ANT		ADDRES	iS		212	11
E	F8783		1	VAS DECEASED S NO. OR UNKNOV VO	(# YES, GIVI	E WAR OR DATES)	213-73	2-7118	Thoma	s McNi	cholas	3500	Beech	Aver	nue	
	12 四篇 解剖	3		IR CAUSE OF	DEATH (Enter o	nly one couse per line	for (a) (b) and	d (e) \						APPR	OXIMATE	INTERVAL
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o N	MEGERNA MEGERNA			1777	IMMEDIA	ATE CAUSE (o)	AS A CONSEQ							+		
ESS	表示を発表			Condition	s, if ony, which		NO A COMOCO	OLIVEE OI								
-	E SA SE			gave rise	e to immediate	e (b)								-		
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	850298					(c)										
DIVISION OF VITAL RECORDS,	CERTIFICATE SHOULD BE EXECUTE TING THE WORD "PENDING. IN THE THEF MEDICAL EX. T SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND I PRICE TO BURIAL, CREMATION		Z	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	JUT NOT RELATED TO	O THE TERMINAL DISE	ASE OR CONDITION G	GIVEN IN PART T (d	j.					
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N N	RESSER.		MED	Charles and the second			ORY, FARM, ETC.)	T HOME. 211. 1	STREET		CITY OR TO	OWN	co	YTAUC		STATE
٥	E. WRIT WARD PAGE STATE 21201	- 1		AT WORK	AT WORK	home	9	3	817 Rola	and Ave	nue	Balti	imore,	, Mar	ylan	nd
	SE ST			The Legentin	West I took chief	ge al thy remains des	ribed abave A	rald on Auto	opsy X,	Inspection], Inquiry		and in my or	DIDION		
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	SET SEE	0		7	1//	0	-	-	M.O. Salaksa		AEDICAL EXAM	MINER	SIGNE	D	5 07	
	TO MEDICAL E EXECUTE THE O PAGE 4 SHOUL TO FUNERAL D AFTER DEATH A BALTMORE, M	4	-	EXAMINER'S	INTEL (John E.	Smialek	, M.D.	ADDRESS	111 Pe	nn Str	eet				
	PAG PAG		73a Bi	and the second	ION, REMOVAL				OR CREMATOR	V 195	LOCATION					
			1.0	Bur		5/6/87			morial		Baltin	ore	cour	Mar	ylai	nd
07/84 25M	BP	1	24. FL	INERAL DIRECT					SALE OF STREET		BY REGISTRA		ISTRAP'S F			_
	DHMH - 17			NAME		ADDRESS	aland a		100		4007	-	The second			
	(VR A15 ME (5))			wrail !	Seitz, J	Jr. JOTO K	Jiana A	venue 2	TSTT	MAY	15851	arres .	Bonden	ar Page	ARRO	16 1



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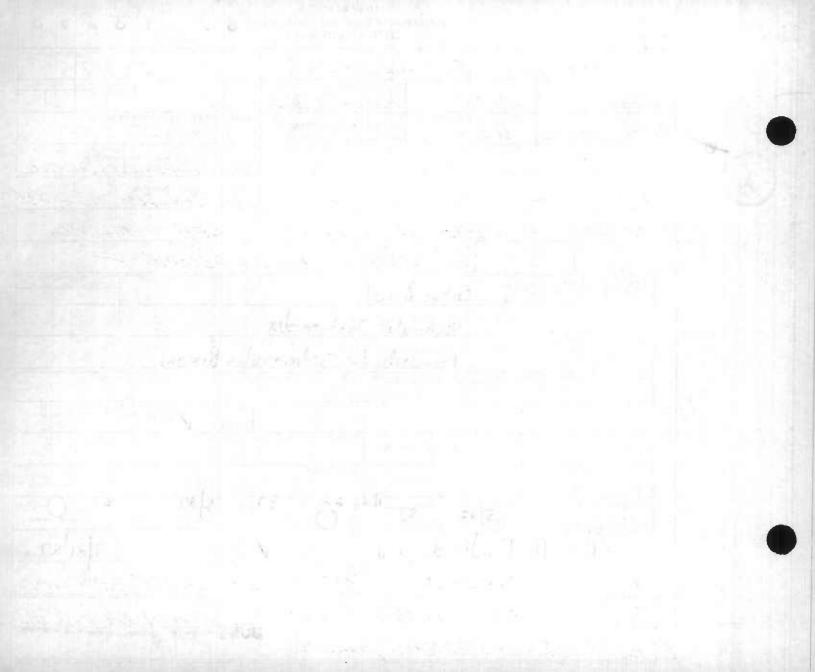
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	3	1	9	-

ы	.5 3	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	,		1.1
1		EASED NAME	FIRST		AIDDLE		AST	20. DA			DAY YEAR	26 HOUR
1	(1AbE	OR PRINT) W/	LLIA	m	E.	MEC	HALSKE		MAY	2-	7,1987	M
	1. 5EX			4 RACE		S. DATE C		6 AGE	IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	-1	MALE		WHIT	TE		RCH 19, 1924	6	61	YRS.	MONING DATS	MIN.
4		RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9. BAL	TIMORE CITY O		OF DEATH	
1	BA	LTO, MARY	LAND	4.5	. A.	WIDOW			BALTIN	PORE	479	MD.
27	10 CI	TY OR TOWN OF DEA	TH		OSPITAL, NURSI		OR OTHER INSTITUTION		SUAL OCCUPATION WORK FOR MOST OF			F BUSINESS OR
1	PA	RKVILLE		2911 0	PAKCRE.	51 AV	VE 21234	TRA		1 /	COORDIN	VATOR
		TATE	13b COUN		13c. CITY OR TOV		134 INSIDECITY LIMITS	? 13e.STF	REET ADDRESS /	ZIP CODE	E	
2		MD.			BALTIME	are	YES NO	29	11 OAK	CRE	ST AVE	21239
5.	14 FA	THER'S NAME	, ,	MIDDLE	COLL LAST C	115	15 MOTHER'S MAIDEN	NAME	MIDDLE		LAST	1-1/
)	BZ	ENJAMIN	V	4. Mz	CHALI	ec	FROSTY		LEE		ATKIN-	SON
		(AS DECEASED EVER		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMANT	/	ADDRE			
		NO	-	_	200-19	-1801	- FAI	カノレク	RECOR	2.42		
П		18 CAUSE OF DEATH PART I. DEATH W.	H (Enter and	ly ane cause per	-	1					BETWEEN	MATE INTERVAL DISET AND DEATH
ч				E CAUSE (a)	Condition	HIVED						
	91	The same		DUE TO, O	R AS A CONSEOL	JENCE OF	7 7 1	0				
		Canditians, if any, gave rise to imm	which	((b)_	Nomina	110Th	Jackicon	UP(
э		cause (a), stating	g the	DUE TO, O	R AS ACONSEOL	. 11	1 - 5 - 1 - 5	/-				
				(c)	11.001	72 anva	AT I PONDION	SOUTH TOTAL	v mrso	77.34		
	Z	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DI	ISEASE OR CON	DITION GIV	VEN IN PART 110	
2	CERTIFICATION	19a DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a	AUTOPSY?		S, WERE FINDIN	
1	JE C							YES	MON I		FYING CAUSES	OF DEATH?
_	CER	210 ACCIDENT WAS UND	ERLYING				21c HOW INJURY OCC					
7	1000	OR CONTRIBUTING C		10	M. MONTH D	DAY YEAR						
	MEDICAL	11 INJURY OCCURR		21e. PLACE	OF INJURY		211 LOCATION					
•	2	WHILE NOT WH	ILE	(AT HOME, STR	EET, FACTORY, OFFICE.	FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
				al) attended th	e deceased from,		ey 22 19	89, 10	(5)		19 85	that (I) we) last
		220 1 certify that (1) saw the decease abave, (1) (we) (d	ed alive an	S view the hady	alter death	59	nd that in (my) (our) apin	nian death o	ccurred an the do	ate and hou	or and Iram the c	auses stated
		226. SIGNATURE	1 000	***	oner deam.		DEGREE	,			220 DATES	
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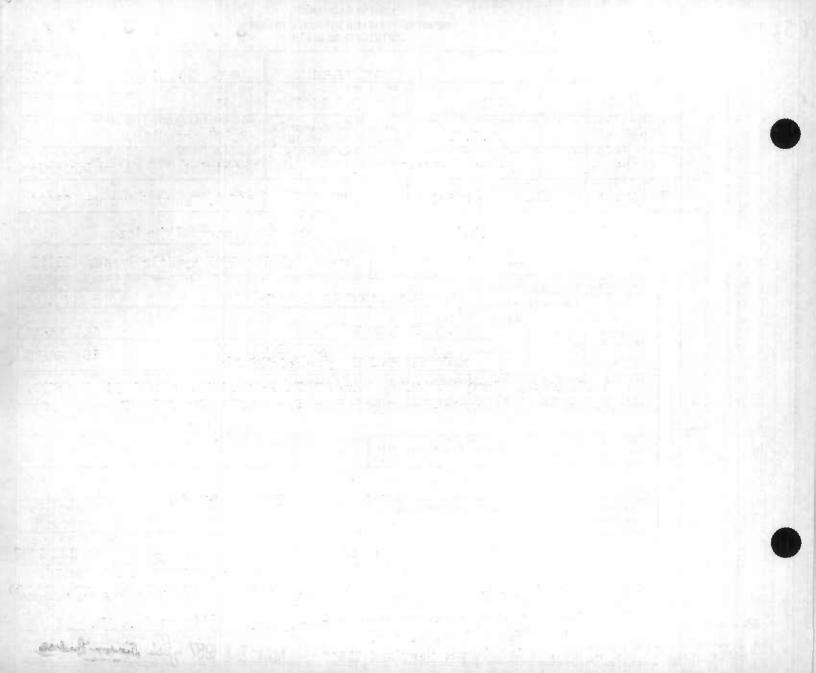
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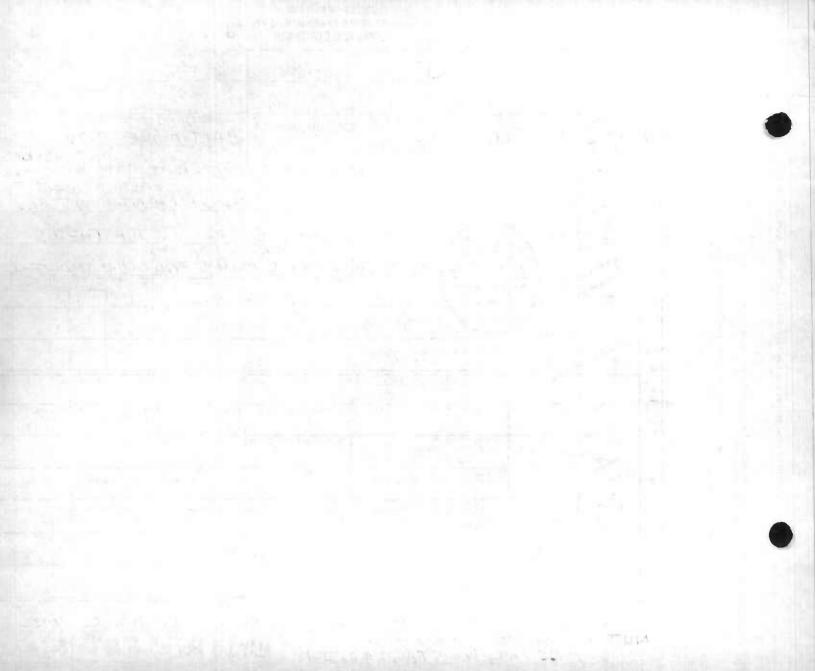
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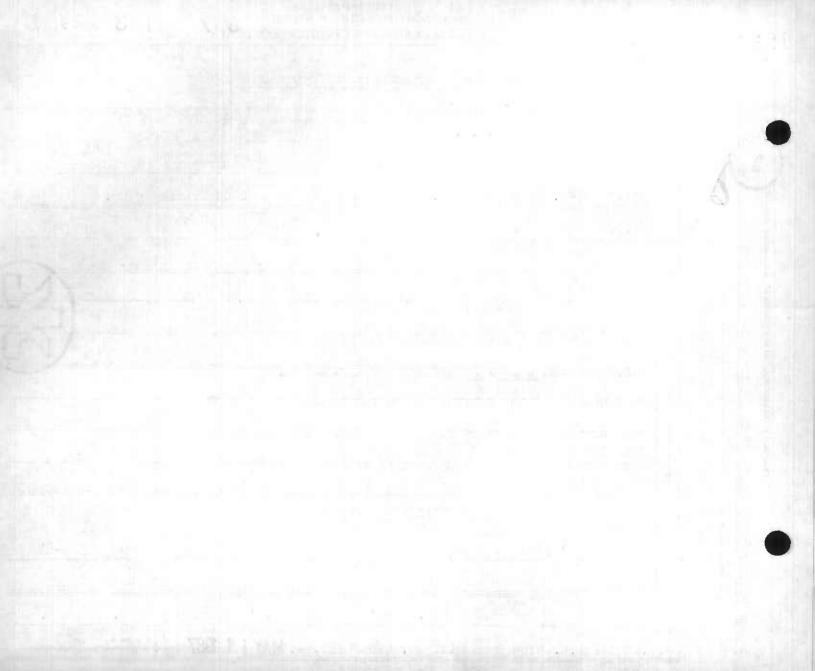
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AL DIRECTOR DE		Carol	S. Ra	mse	T	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN A	May	20, 1987
should be deto		22d PHYSICIAN'S NAM			0	22e ADDRESS CHU	RCH HOSP	TAL C		
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26. HOUR 30 I. DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH DAY (TYPE OR PRINT) 0 3. SEX RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR MALE To. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 128. KIND OF BUSINESSOS LTIMORE NURSING SWITCH BOARD OPERATOR HOUSE APTS. USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO BALTO, MD, 21217 LTIMORE 14 FATHER'S NAME MIDDLE MATTHEWS OHN-SON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 17 INFORMANT MR. (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) EDWARD E. MILLER 3410 AUCHENTOROLYTERR 212-32-2076A APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (o), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING # DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS. CATION 206. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T buriol-tronsit p CERT 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOM COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the State [IMPORTANT: IF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22€ ADDRESS 0 236 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b DA GARLISON FOLEST VETERANS BACTIMORE. " NUTPEROR FUNERAL HOMES, INC. DHMH-16 60M 1/73 2501 GWYNNS FALLS PKWY, BALTO, MD, 21216 (VR A 15 (4))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X ESTI-CHRISTIAN DEATH MATED PETER MILLER 87 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR DAY LAST BIRTHDAY) PRONOUNCED Male White 26 63 23 YRS 19 87 JP M To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Baltimore City M CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Surveyor Baltimore University Hospital (STU) Construction SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pr. Georges 3a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Ft. Washington 2000 Trafalgar Dr. YESX NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harold MIDDLE Miller Maria Kaulich 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 578-92-2225 Harold L. Miller as in item 13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART LDEATH WAS CAUSED BY: Multiple injuries with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATE SHOULD STATING THE WORD "PEI RDED TO THE CHIEF M FE 3 SHOULD BE USED A E DEPARTMENT OF HEA OT PRIOR TO BURIAL, CO 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH 10:03M. 5-2-1987 Occupant of auto/fixed object impact. 216 PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED TIL LOCATION PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PF AT WORK AT WORK STREET, FACTORY, FARM FIC.) Md. Rt. 12 & Old Fruitland Rd., Wicomico, road MD X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Accident X death resulted fram: Natural causes Homicide Undetermined manner TITLE (SPECIFY) Deputy Chief ACTUAL 5-8-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Buria1 5-11-87 St. Mary's Church Cem. Piscataway P.G. Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill, Md. M (VR A15 ME (5))



AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH 3. SEX VEAR MONTH BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? 7n BIRTHPLACE I STATE OR FORFIGN MARRIED NEVER MARRIED SY WIDOWEDE DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MARYLAND 2120 SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13d INSIDE CITY LIMITS? 30 STATE 13CCITY OR JOWN 2319 Baltimore NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE FIRST ADDRESS 17 INFORMANT 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION Hygi 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21n ACCIDENT WAS UNDERLYING 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL FXAMINER) P.M 19 211 LOCATION X 214. INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) Po NOT WHILE WHILE 22a 1 certify that (1) (this haspital) attended the decreased from and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated saw the deceased alive an_ abave, (1) (we) (did) (did not) view the body after death DEGREE 226. SIGNATURE MEDICAL STAFF ATTENDING Id be deto PHYSICIAN WIRECTOR PHYSICIAN 22ª ADDRESS MATGILE CM 121043 MPORT 23c, NAME OF CEMETERY OR CREMATORY

MIDDLE

23b. DATE 23a. BURIAL, CREMATION, REMOVAL Burial 5/21/87 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Wm C March F/H West (VRA 15, 4)

FOR - STATE

I. DECEASED NAME

(TYPE OR PRINT)

REGISTRAR

4300 Wabash Ave.

King Mem. Pk.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Randallstown, Md. 250. DATE REC'D. BY REGISTRAR 756/REGISTRAR SEGMATURE

REG. NO

20. DATE OF DEATH

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

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STATE

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MD

IF UNDER 24 HRS

YEAR

IF UNDER 1 YEAR

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20h IF YES, WERE FINDINGS USED

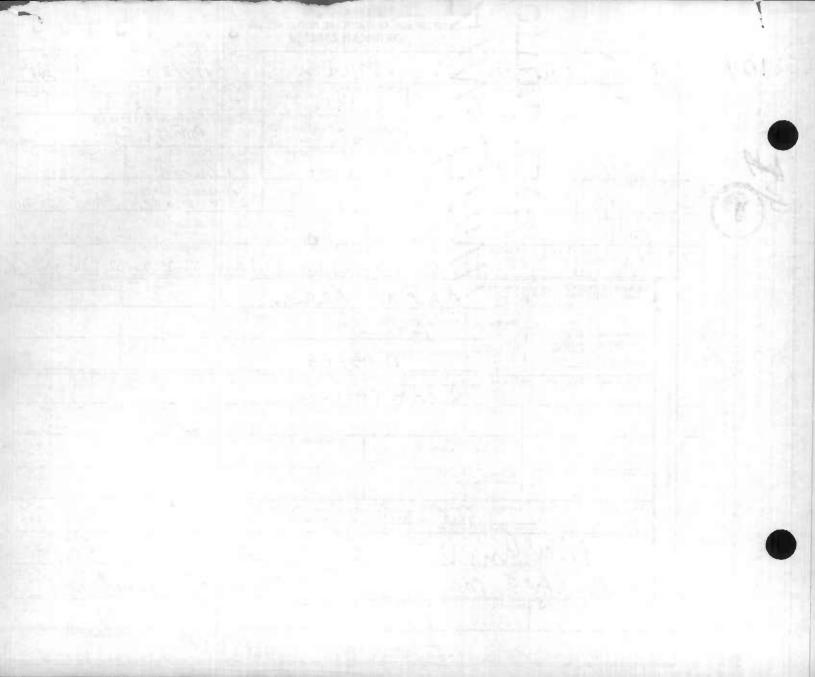
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22c. DATA SIGNED

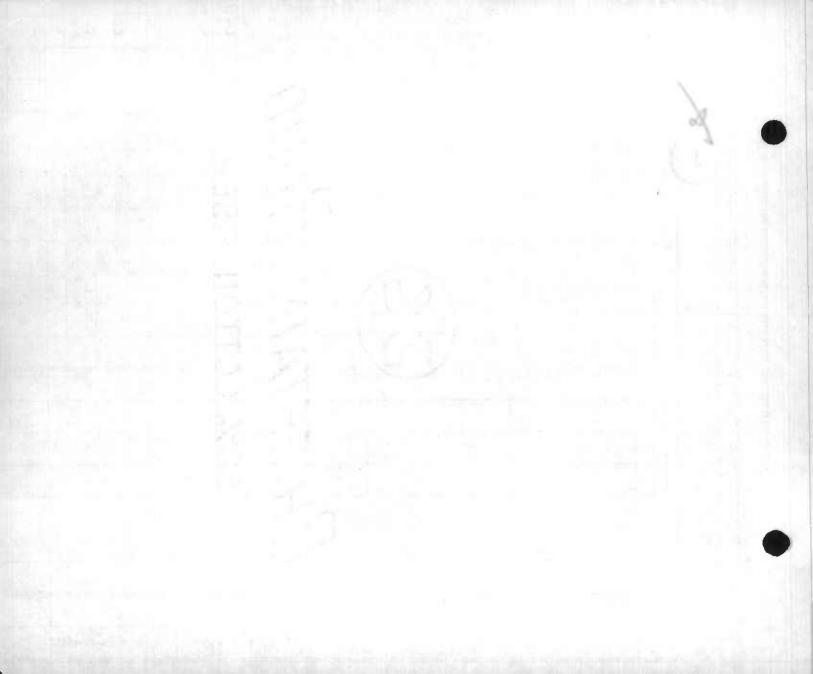
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PRODUCTION OF STATE AND			1						OF MARY							
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220 SEAGECOILD CITCLE, Balto. 220 Learlify that I took charge of the remains described above, held anAutopsy_X_, Inspection, Inquiry, and in my apinion death resulted fram. Natural causes, Accident, Suicide, Hamicide X, Undetermined manner, ACTUAL SIGNATURE	2	S S C S C S C S C S C S C S C S C S C S	Z	WHILE	NOT WHILE			TC }	STREET TO	المحمصا	CITY	OR TOWN	COL	UNTY		
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25M 24 FUNERAL DIRECTOR 25c. DATE REC'D. BY REGISTRAR'S SIGNATURE		BP				5/15/87	Ch	urch Ce	metery		Ashla	and				
(VR A15 ME (5)) Wm. C. March F/H West 4300 Wabash Avenue MAY 12 1987	/ 25M	DHMH - 17	24 FL		OR .					9-1-1-0	REC'D. BY REGI	STRAR 256 RE			IRE	
			Wm		ch F/H	West 4300) Wab	ash Av	enue	MAY	12 198	7	distandam?	-Han	dell	



SOL LEVINSON & BROS., INC.

BALTO., MD

21215

25g DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

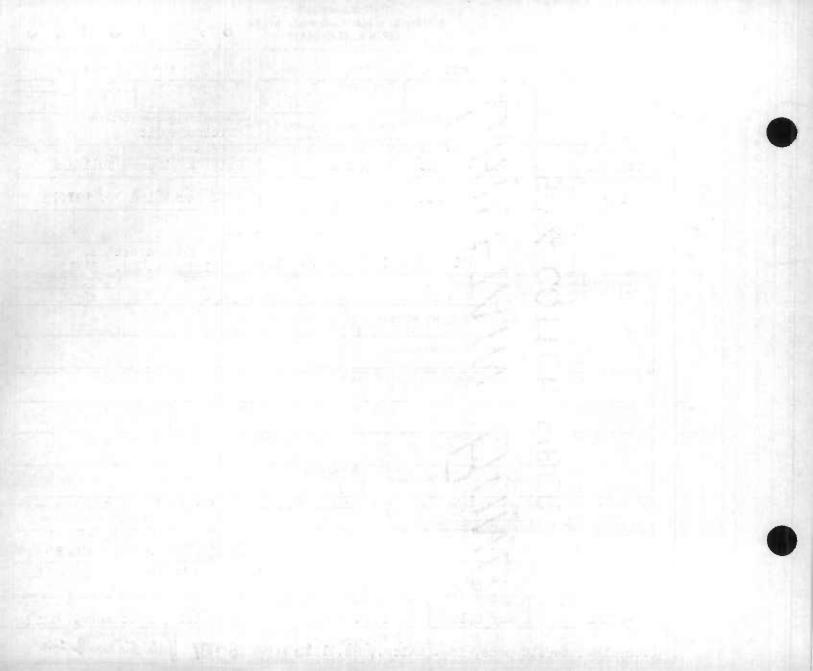
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3 1 0 1 MAY	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	3803
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
poge 3	(TYPE OR PRINT)	Wyatt	HISTER	MAYO	3 1987 8:30 P
moy . pool	3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HR
ge 4	MALE	WHITE	MONTH DAY YEAR	GO YRS.	NIHS DAYS HOURS MI
Poor Photo	70. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY C	FDEATH
deoth.	Maryland	USA	WIDOWED DIVORCED	Baltimore City	
by the fulled with	Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE GOOD Samarita	ng home or other institution n Hospital	120 USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING LIFE) Chief Engineer	126 KIND OF BUSINESS C INDUSTRY Building
filled in cold be	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COL		AND BIRLINGIDE CITY HANTS?	13e SIREET ADDRESS / ZIP CODE 6202 York Shire	Dr. 21212
mpletely	FATHER'S NAME FIRST Edgie W. Mister	MIDDLE LAST	Helen M.		LAST
n ond co	160 WAS DECEASED EVER IN U.S. A LYES, NO OR UNKNOWN) LIFYES, G	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 216-20-		700 Cedarcrof ter Baltimore, Mo	
physicion physicion npopers. F moval.	18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), a	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ng physic bonpop removol	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0) 400 C	SKIN'S LYMP	AMCH	1YR.
equires that the signed by the Then please re to burial, cretingury, or other		DUE TO, OR AS A CONSEOL	JENCE OF	MINAL DISEASE OR CONDITION GIVER	N IN PART NO
he low re on. hos beer permit. ene prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
PHYSICIAN: The radius physicio promoting physicio promotino promot	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)
DING PHYS or otherdin After this ce os the builth and Medor I morked or I	THE EITHER NOTIFY MEDICAL EXAMING THE EITHER NOTIFY MEDICAL EXAMING THE EITHER NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC. 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
VITENDIA Spitol or CTOR: Al for use of of Healt	sow the deceased alive a	pitol) ottended the deceosed from, n 05/03 19_ 101) view the body after death.	87, and that in (may) (our) opinion	to 05/03 19 death occurred on the date and hour of	that the (we) li
(AL OR A y the hos (AL DIREC detoched ore Dept. UT: If Item	276 SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF ☐ DIRECTOR ☐ PHYSICIAN 🛛	220. DATE SIGNED
TO HOSPITAL ectoined by the TO FUNERAL Should be deto with the Store IMAPORTANT: H	22d PHYSICIAN'S NAME (TYPE	ORPRINI) ICHAWLI	27e ADDRESS	OD SAHUARITAN	HOSPITAL
7 5 7 4 3 Z	23a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	Burial	May 6,1987	Parkwood	Parkville, Balt	imore, Mary
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR	eld Home, Inc. Ba	6500 York Rd 250. DA	TE REC'D. BY REGISTRAR 236-REGISTRA	AR'S SIGNATURE

STATE OF MARYLAND



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STATE OF MARYLAND

6	~9	- 1	
5	/		
	REG. NO.		
	MED, MO.		

1 - STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 8 0 4
1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
MAR	v M:	ITCHNER	MAY 3, 1987	2:24A
3. SEX		. DATE OF BIRTH	1102	UNDER I YEAR IF UNDER 24 HRS
Female	Black	5 1 18	69 YRS.	DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY C	OF DEATH
Maryland		VIDOWED DIVORCED	Baltimore Cit	V M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING I		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OF
Baltimore		OSPITAL	Balto. Elect.	Co. Retired
USUAL RESIDENCE IF NURSING HOME 130 STATE 130 CO. Maryland		113d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1300 E. Lanva	le St. Apt.
14 FATHER'S NAME FIRST Archie	MIDDLE LAST Brown	15. MOTHER'S MAIDEN NA	N/A	_{(AST} 505
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURIT	IN NO 17 INFORMANT CTA	ADDRESS	
No	2121270	60 WILLIAMS	. 820 E. 35th	St. 21218
PART I. DEATH WAS CAU	only one couse per line for (a), (b), and (c SED BY: CARDIOPU	ULMONARY ARRES	Г	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE (16) CONGEST	IVE HEART FAIL	URE	
gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENC	CE OF		
	T CONDITIONS <u>CONTRIBUTING TO DE</u> A	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
I 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OP	PERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216 TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	

P.M

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

DEGREE

ATTENDING PHYSICIAN

COUNTY

our) opinion death accurred on the date and hour and from the causes stated

22c DATE SIGNED

I IF EITHER, NOTIFY MEDICAL EXAMINER

NOT WHILE

ZACHARY I. HODES M. D.

220. I certify that (I) (this hospital ottended the deceased Land

sow the deceased alive on P10 y obove, (I) (we) (did)) did not) view the body after death

21e PLACE OF INJURY

MEDICAL STAFF
DIRECTOR PHYSICIAN 100 N. BROADWAY

CITY OR TOWN

23a BURIAL, CREMATION, REMOVAL Burial

226. SIGNATURE

236. DATE 5/7/87 23c. NAME OF CEMETERY OR CREMATORY Eastview

23d LOCATION Battimore

STATE

24 FUNERAL DIRECTOR

MEDICAL

C. March F/H 1101 Perss North Ave.

250 DATE REC'D. BY REGISTRAR 258; REGISTRAR'S SIGNATURE

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

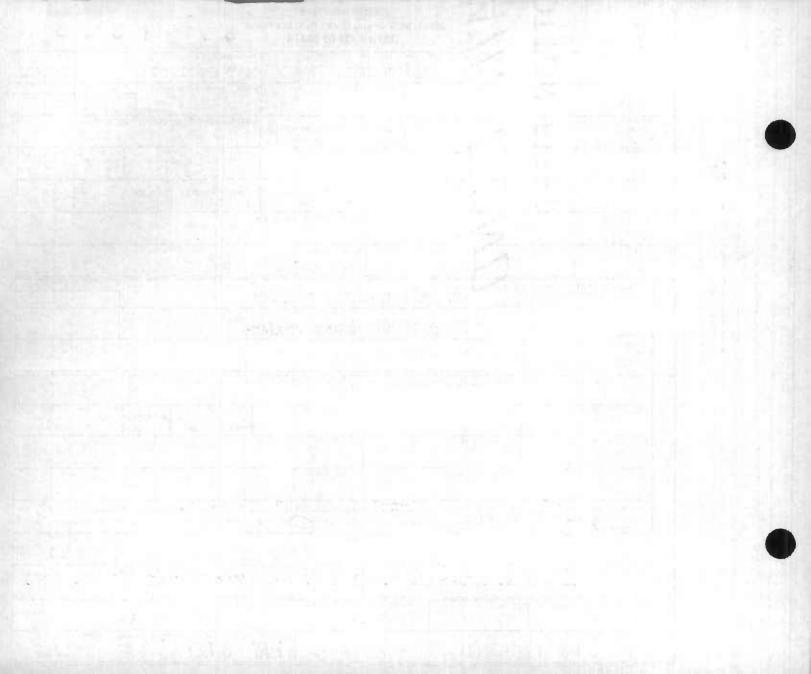
BP.

and Mental Hygrene prior this certificate has

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TO FUNERAL DIRECTOR:

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X			E OR PRINT)				M-	1 4		2a. DATE K	ESTI-	5-6-	1987	26 HOUR
,	EASE TOR TOR SEET,	3 SE)		Jane (1. RACE	5 DATE OF BIRTH	H.		lden	UNDER 24 HRS.		MATED [MONTH D		M HOUR
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	IS NECESSARY, PLEASE FLUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET,	M C	TY OR TOWN	OFDEATH AL	A hama	USA NUBSING			DIVORCED [UAL OCCUPA	4 - 4 - 4 - 4	-	KIND OF BU	MD.
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	H. IF. A. 3.		THER'S NAME			Balti	more	- A	S MAIDEN NAME	10 N.	Monn	oe Sa	reex	
E, A	4 ma 2 2001	-	FIRST		WIDDLE	LAST		FIRST	T	MID	DLE		LAST	
NO.	A DE NORW	16a. V		Unknown DEVER IN U.S. AR		16b SOCIALS	ECURITY NO.	17. INFORMA	Unkn	own	ADDRESS			
ALTIMORE, MD.	Further F	{Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)							11 11		0.4
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15	MA TWA		PARTIDE	ATH WAS CAUSE	D BY.	ardiac ari							SETWEEN ONSET	
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18	SE S		Candition	ns, if any, which		ost infec		ardial f	ihrneie			-		
	E SE			se to immediate	(0)	AS A CONSEQU		ardia	1010313					
100	ASS X FX		lying cou		DOE 10, OK	AS A CONSEQU	ENCE OF							
8	BASS S	1	PART 2 OTHER SI	CNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT BELATED TO	THE TERMINAL OWERA	T OR COMPLYION OF	WEN M. S. D					
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TAL	SHOUT WORD " WORD " WE USE ME USE	FF										1	YES A	
>	WO SE CONTROL	ERT	21a EXTERNA	L CAUSE WAS	21b. TIME OF		21c H	OW INJURY OF	CCURRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PAI	IT I OR PART 2)	YES ES	NO 🗆
o z	RTHYCATE SO NG THE WO NO THE WO SHOULD BE EPARTMENT PRIOR TO BU		UNDERLYING	OR OR		MONTH DAY	YEAR							
1550	SHOULD TO SHOULD PRIOR	MEDICAL	21d INJURY C		21e PLACE	OF INJURY (AT		CATION						
NO.	ARTE D SCIENCE	¥	WHILE C	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)	200	STREET		CITY OR TOWN	4	COUNTY		STATE
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	UTE THE THE THE THE THE THE THE THE THE T	1	SIGNATURE_		7	1	^	D.62513	Lai:L MED	ICAL EXAMIN	VER	SIGNED	0 07	
	●口店里田日		EXAMINER'S (TYPE OR PRIN		harles P.	Kokes,	M.D.	ADDRESS	111 Penn	Stree	t, Bal	to.,	MD 212	.01
	524544	23a.B	JRIAL, CREMAT	TION, REMOVAL	23b DATE	23c NAME	OF CEMETERY O	R CREMATORY		OCATION		50.00		
07/84	BP602	(5	Bu	rial	05-11-8	Mt.	Zion C	emeter	ry Ra	Ptima	no . 1.	COUNTY	T Not	ATE
25M	DHMH - 17	24. FI	INFRAL DIREC	TOR	ADDRESS		D. 0 4 '	25a	C. DAMPACO	r RI GILLA	25h R WISP		MURK	
	(VR A15 ME (5))	B.	rown/T	hompson	r F. H. ADDRYS	913 W.	Baltim	one pr	L. 111/11 -					

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STATE OF MARYLAND

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	REG. NO.	J.				

•	101	FOR STATE REGISTRAR			CERTIFICATE OF DEATH 8 7 REG. NO. 1 3 8 0 /							
		CEASED NAME FIRST OR PRINT) BARBARA		\nn		OMERY		14, 1987	DAY YEAR	9;04A M		
	_	emale	4 RACE Whit	e	S. DATE O	DAY YEAR	6 AGE IN	YEARS LAST BIRTHDAY) YRS	MONTHS DAYS			
1	Mi	RTHPLACE (STATE OR FOREIGN COUNTRY) SSISSIPPI TY OR TOWN OF DEATH	US		WIDOWE	D DIVORCED DIVORCED DIR OTHER INSTITUTION	BALTI	IMORE (CITY	MD. OF BUSINESS OR		
		LTIMORE AL RESIDENCE HE NURSING HOME	THE	HNS" HOP	KTNS ⁵⁵⁾ HO			emaker .	GLIFE) INDUSTRY			
	13a. S _ M a	TATE 136 COL	altimore	13c. CITY OR TO Luther	NWO	13d INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN N	81	ADDRESS / ZIP CO	Rd., 2	1093		
3		Orville	A.		mith	Alberta		M.	(Campbell		
2		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN)	IRMED FORCES?	166 SOCIAL SE		Cecil R. A	Montgon	ADDRESS nery, 811 21093				
	NC	PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O Co) DUE TO, O	R AS A CONSEC Breast R AS A CONSEC	DUENCE OF	NOT RELATED TO THE TER	ctus tu	SE OR CONDITION (11	Jears		
2	TIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20e AUT	OPSY? 206. IF	YES, WERE FIND RTIFYING CAUSE YES []	DINGS USED ES OF DEATH?		
1	MEDICAL CERTI	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFETHER NOTEY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ER) P.	M. MONTH M.	19	211 LOCATION SIREET	JRRED (ENTERN	ATURE OF INJURY IN ITEM I	18 PART I OR PART 2)	STATE		
_		220.1 certify that (1) (his has sow the deceased alive a above (1) we (did) (did n 276 SIGNATURE)	not) view the body 2 - 11	1 14 19	<u> </u>	d that in (my) our) opinio DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		that (a) (we) lost e couses stated		
		Mathew	12 1	tolla.	nd	000	olfe s	f., Bultim	tospita,	21205		
	В	URIAL, CREMATION, REMOVA SECURY UNIER M. DIRECTOR	5/ 18/			d Cemetery	Law	ton ,		Daklahoma		
4	24.10	White the state of	1/1/	400000		230. UV	MATE 9. B	RECUBAR 256 REG	BI KARADATAN	Marcan		

DHMH - 16 60M 7/8 (VRA 15, 4)

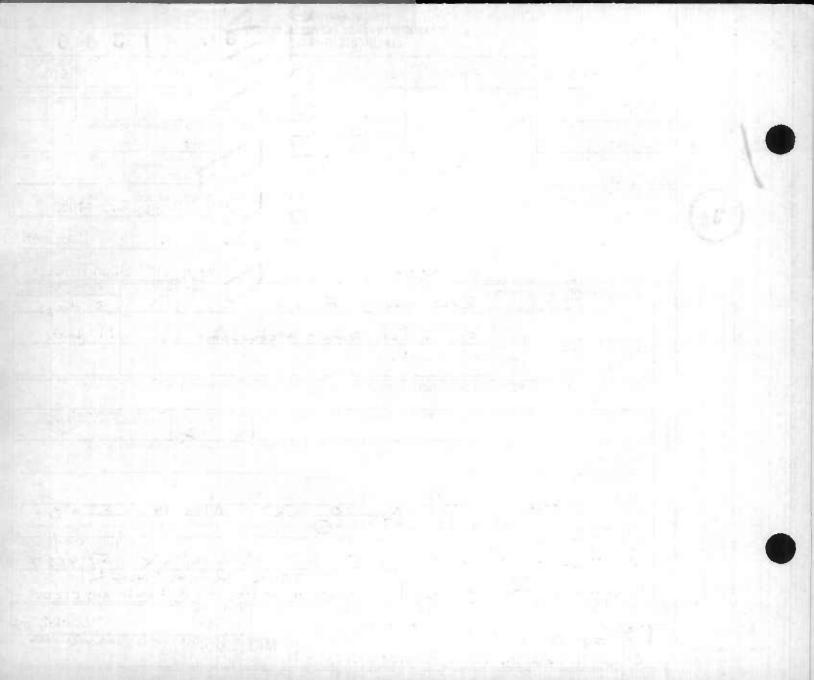
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TO FUNERAL DIRECTOR:

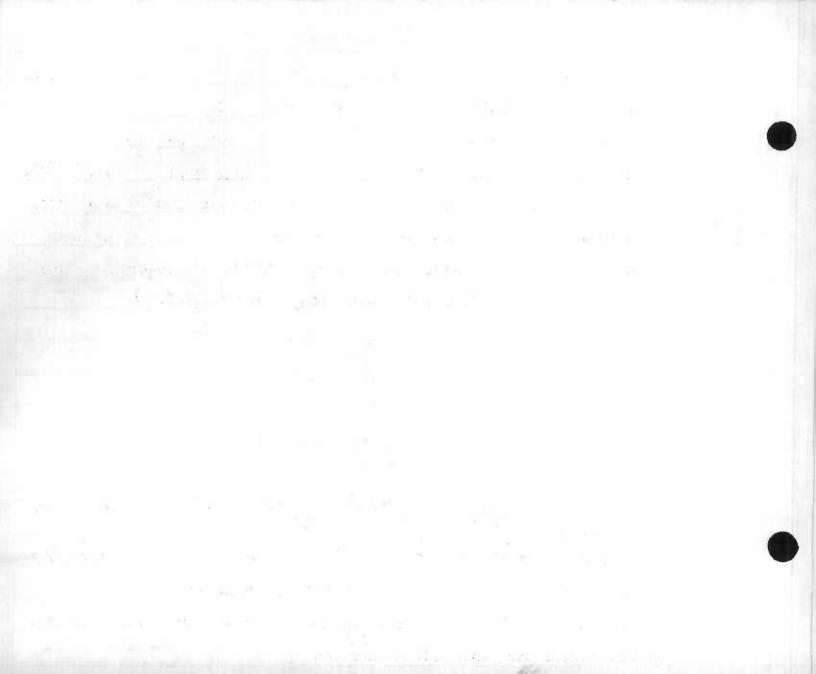
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remave carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, i

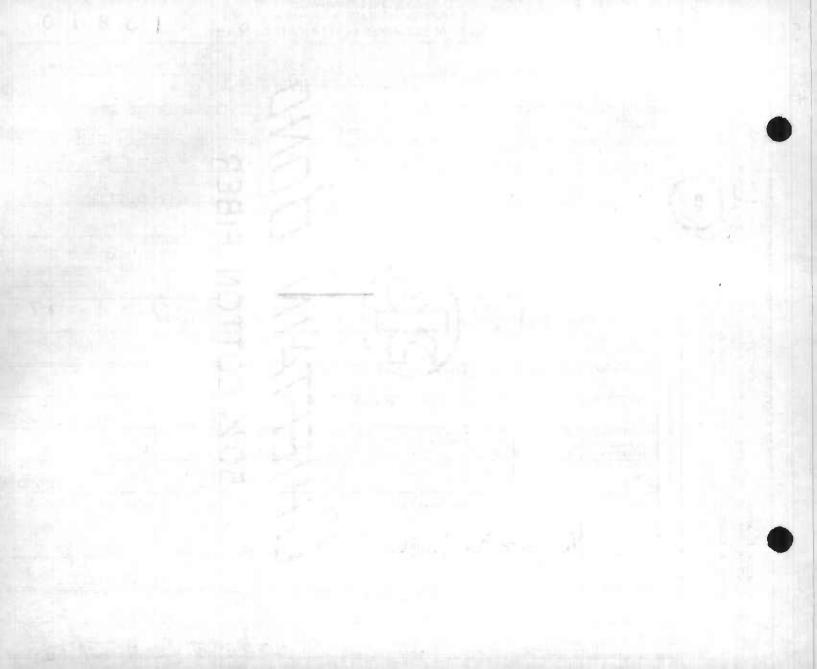
J. E. Lowell Lemmon, 10 W. Padonia Rd.



000			., 21a2 d. Exam.,		/10/87 EPART /	STAT		ARYLAN AND ME		YGIENI	E					
222 11	12	REGISTRAR	u. LAdii.,	MED.	ICALI	EXAMIN	ER'S C	ERTIFIC	ATE O	F DEA	ТИ	REG. NO	3	B	0	3
		CEASED NAME	FIRST		MIDDLE			AST			OF DATE K		MONTH	DAY	YEAR	2b HOUR
		Tild	Joyc	е				ntgom			DEATH	MATED X	5	13	19 87	M
	3. SE) Fer	nale	White	DATE OF BIRTH	47°	6. AGE (IN YEA LAST BIRTHDA 39 YR	HINOM (Y		HOURS		PRONOUNG DE AD	CED	MONTH 5	13	19 87	7:39A
CARESTON SIKEET		RTHPLACE (ST. PEIGN COUNTRY) .		U.S.		TRY?	8. MARRIE	D NEV	ER MARRIE	ED L		ltimor			DEATH	MD.
X 36	10 CI	TY OR TOWN O Balti		11 NAME OF HOSP (IF NOT IN SUCH FACE) 2242 Ca	ILITY, GIVE ST	REET ADDRESS)		R INSTITUT	ION	12a USU FOR M HO	ALOCCUP OST OF WORK USEWI	ATION (TYPE	OF WORK	12b KI	ND OF BU R INDUSTI	SINESS
30	USUA 130 S Ma	residence (rate ryland	IF IN NURSING HOM	E OR OTHER INSTITUTION, GIVE	RESIDENCE	or town timore	N)	13d INSIDECIT	NO [13e STRE 224	et addres 2 Cam	s bridge	e St	reet	212	24
21		THER'S NAME		WIDDLE		LAST		15 MOTHER	R'S MAIDE	N NAME	21AA	DDLE			LAST	
00		Melvin			Purc	ell		Ве	rtha				В	agin	ski	
00	16a V (Y	VAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.S. A	RMED FORCES?		-54-47	NO.	Mrs. La	Patri Kewoo	cia d. C	Yandr	ich, 9071	1264; 5	2 St	illm	an
1		18 CAUSE OF PART I DE	ATH WAS CAUS	only one cause per line for BY: ATE CAUSE (o)		, and (c).) drug ar	d alc							BETV	PPROXIMATE WEEN ONSE	INTERVAL I AND DEATH
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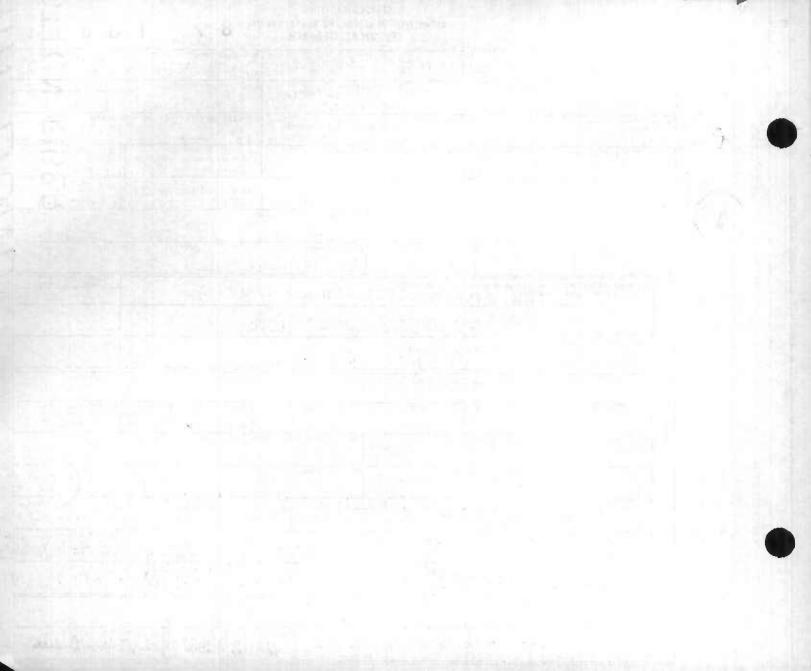


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AFTER NE PA 1 FOOR SIGN	6a (Y	PAS DECEASED ES, NO, OR UNKNO NO	DEVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	216-82				Moon 7	ADDRESS Woodman	sCourt	21221
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TO ME EXECUT TO FUN ASTER O	73a RI	EXAMINER'S TYPE OR PRIN	NAME Mar	rgarita A.		M.D.			enn St.,	Balto.,	MD 21	201
07/84 BP	(5	Buria		5/28/87		nev Va	lley		23d LOCATION CITY OR TOWN		ore Mar	
25M DHMH - 17	24. FU	JNERAL DIREC	TOR						EC'D. BY REGISTR		RAR'S SIGNATI	URE
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Lerov M. & Russell C. Witzke Funeral Home

(VRA 15, 4)



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G PHY offending the by ond M ond M ked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		LOCATION	CHY OR TOWN	COUNTY STATE
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TAL OR A y the hosing the hosing the formal pirect detoched hose Dept.		Rapifor R	Cruz/	M-S.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 5-12-87
O HOSPITAL eroined by the TO FUNERAL should be det with the Stofe IMPORTANT:		ROSITA R.	CR420 M	· b . 1		cours Hos	SPITAL
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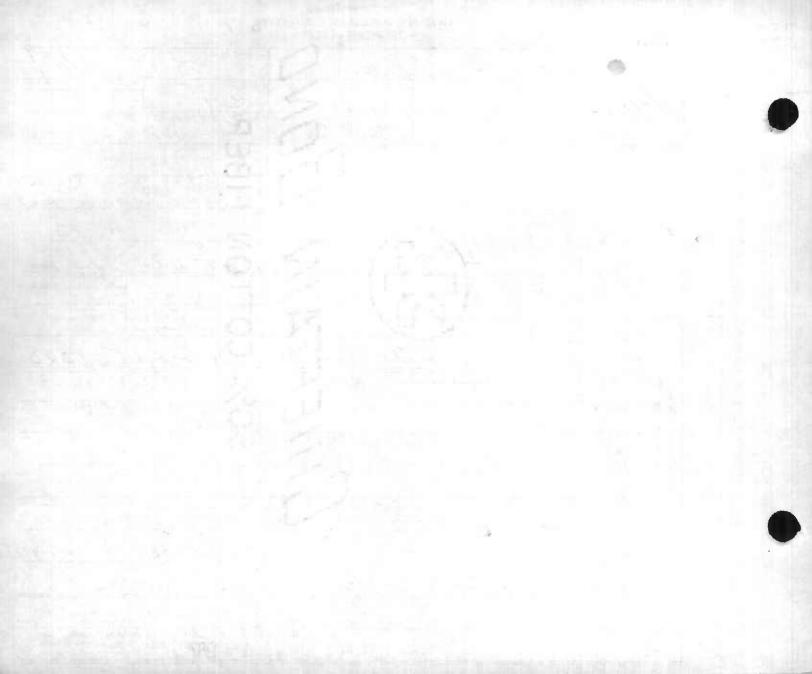
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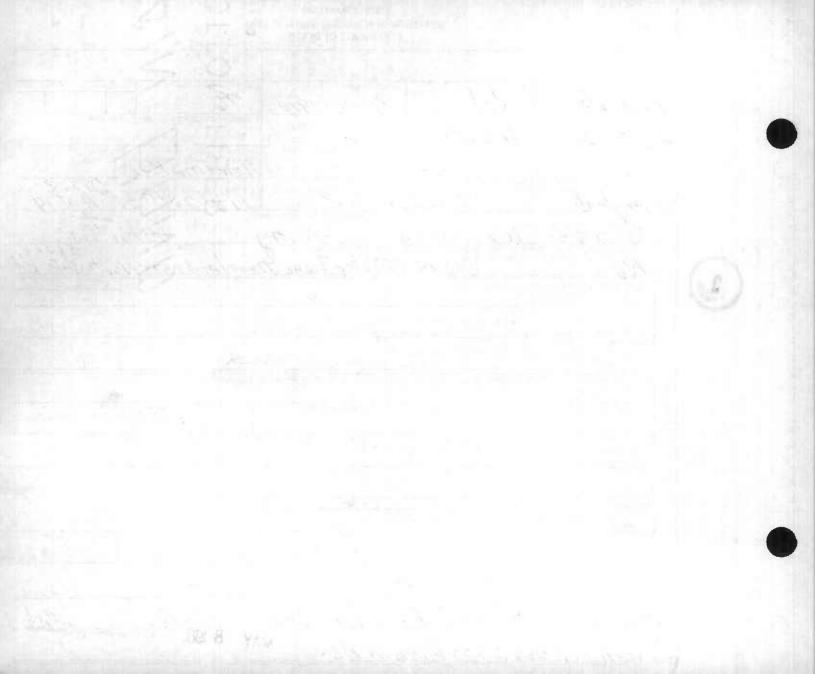
DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm. C. March F/H West 4300 Mabash Avenue



				STATE OF MAKTLAND		
052958 IMY	1	EOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / REG. NO.	5 8 1 3
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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moy be poge	3. SE		I RACE	5. DATE OF BIRTH	MAY 6. 1987	IF UNDER 1 YEAR OF UNDER 24 HRS
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RECORDS, I low requir os been sig ermit Then te prior to b vs ony injury	CERTIFICATION	A SAME OF OPERATION	Tun compirion for which	OBSERTATION AND DESCRIPTION OF THE OBJECT OF	Les AUTORCYS Less IF M	C MEDE ENION CO.
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SICLY ng p certification centrol	3	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
DIVISION OF VIT NG PHYSICIAN: Offending physician of the buriol-trons th ond Mentol Hyg orked or Item 18 si	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM. ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG officer of the orthograph o	1	AT WORK NOT WHILE AT WORK		4.		
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OR ATT e hospi DIRECT sched fo Dept. o		22b. SIGNATURE	1/1/	DEGREÉ		22c. DATE SIGNED
74 750			Kth, Lo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/6/87
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(VRA 15, 4)	2	oscept L. Ru.	55 2222 MIN	with Ave	VIAI O LOC.	



	0,			STATE OF MARYLAND		
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been mit. I	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
ws o	E				YES NOW INC	ERTIFYING CAUSES OF DEATH?
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CTO of for			at) view the bady alter death.		a death accurred an the dote an	d hour and Iram the causes stated
DIREC Sched Dept.		226. SIGNATURE	211 - 1	DEGREE		22c DATE SIGNED
4 + 10		BULL T 1.	nous	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	15-19-87
FUNERAL uld be det	1	724. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
should be de with the State		BICHTI	DUONG	LIBERTY	MEDICAL	CENTER.
5 4 3 8		BURIAL, CREMATION, REMOVAL	23b DATE , 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	REGISTRAR			CERTIF	ICATE OF L	EAIN	RE	EG. NO.				
	CEASED NAME FIRST		MIDDLE	l	AST	6.9	20 DATE OF DEA	OM HTA	NTH DA	Y YEAR	2b. HO	UR
(TYP	Andre	N	В.	- 1	Morrow	Sr.	May	21,	1987	7		M
3 SE		4 RACE		S. DATE C			6 AGE INYEARS L			UNDER I YEAR	IF UNDE	R 24 HRS
	Male	V	White	мом	ar. 29,	1916	7	1	YRS	DAYS DAYS	HOURS	MIN,
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D	Baltimore		Anntana A		9		Supervi		JAKING EIFE)		ding	
130.	AL RESIDENCE (IF NURSING HOME STATE 13b CO		Baltimo	N	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDR			re.	2120	6
14 F.	ATHER'S NAME	MIDDLE	1 457			MAIDENNA		DDLE				
	James	V.	Morro	ow Sr		Emma	MIL	DIE		McInt	osh	
	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	4	ADDRESS		212	06	
	NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	213-03-	1302	Kathl	een F.	Price 60	15 P	oint			Ave.
	18 CAUSE OF DEATH (Enter	only one couse pe	liperar (o), (b), and	d c	. 0 .					BETWEEN	CONSET AN	ERVAL ID DEATH
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NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(c)	R AS A CONSEQUE		NOT RELATED	TO THE TERM	MINAL DISEASE OR	CONDIT	ION GIVEN	N IN PART 1	0	
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	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH	DF INJURY M. MONTH DA	AY YEAR	2)t. HOW IN	JURY OCCUR	RED (ENTER NATURE O	_	-			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC }	211 LOCATIO		ÇIT	Y OR TOWN		COUNTY		STATE
	220.1 certify that (I) (this ha	spital) attended th	ne deceased from _			., 19	, to		, 19	9	that (1)	(we) last
	saw the deceased alive abave, (I) (we) (did) (did	on	after death	, or	nd that in (my)	(aur) opinion	deoth accurred an	the date	ond hour c	and from the	causes s	tated
	226 SIGNATURE	1/	arrer dearn.		DEGREE			10		22¢ DATE	SIGNED)
	Moreni	· Kow	alem le	i'	MIS		MEDICAL DIRECTOR P	STAFF	7	5-	21-1	7
	226 PHYSICIAN'S NAME (TYP			PE	22e ADDRES			-				
	Dr. Marion	C. Kowal	ewski M.I).	860	4 Harfo	ord Road	Bal	timor	e, Man	rylar	nd
	BURIAL, CREMATION, REMOV.	AL 236 DATE	23c N	NAME OF C	EMETERY OR (REMATORY	23d LOCATION					
	(SPECIFY) Dani o 7	Mar 2	7 1007	Pankow	and Com	otom	CITY OR TO	1 + + =	OTTO	COUNTY	Freed	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: If them 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detoched for use as the burial-tronsit permit. Then please remove corbon pape with the State Dept. of Health ond Mental Hygiene prior to burial, cremation, or removal morked or Item 18 shaws ony

> 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

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STATE OF MARYLAND

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc., 5305 Harford Rd.

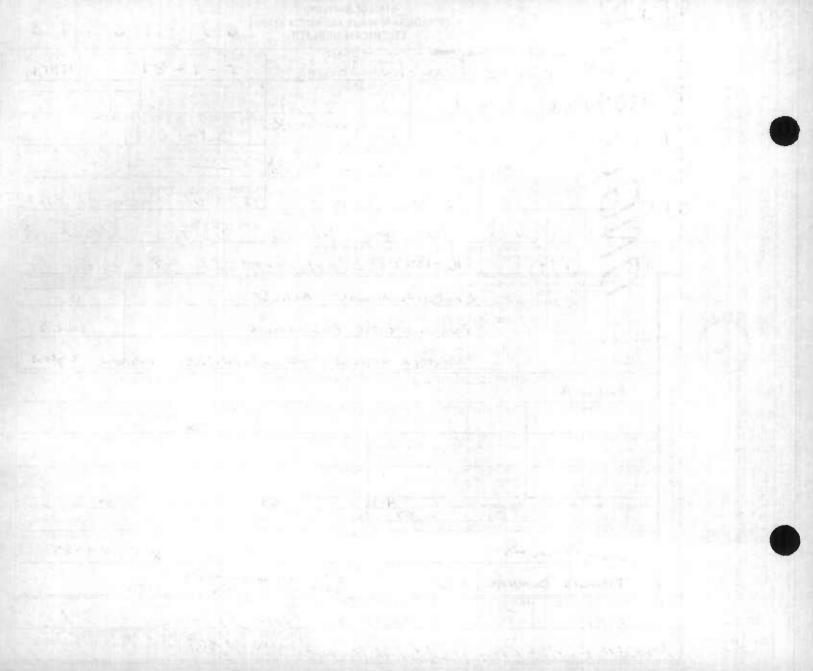
FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 矣

REGISTRAR			CERTIFICATE OF DEATH	REG, NO.	
DECEASED NAME FIRST		rnes	Moszner	20 DATE OF DEATH MG	ONTH DAY YEAR 26 HOUR 6P.M.
Female	4 RACE White		DATE OF BIRTH 9-18-1922 YEAR	6. AGE (IN YEARS LAST BIRTHE	
O BIRTHPLACE (STATE OR FOREIGN	U.S.A.	v	MARRIED NEVER MARRIED	Balto. Ci	ity
Balto.	2019 E.	32nd St.		Ret. Secret	VORKING LIFE) INDUSTRY
Md.		Balto.	134 INSIDE CITY LIMI	2019 E. 32n	IP CODE 1d St. 21218
FATHER'S NAME Winfield		Barnes	15 MOTHER'S MAIDE Marga	ret MIDDLE	Rock
160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	s. GIVE WAR OR DATES)	66 SOCIAL SECURIT 219-18-99		E. Moszner, Sam	ne as 13e
8 CAUSE OF DEATH LEnte PART I. DEATH WAS CA	er anly one cause per li USED BY: DIATE CAUSE (a)		NCHOPNEUM	ONIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	DUE TO, OR (c) (c)	AS A CONSEQUENCE OF A	CE CARCINO	MA OF THE L	zears
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDIT	on for which of	PERATION WAS PERFORMED	20a AUTOPSY? YES □ NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF HOTHER NOTHER MEDICAL EXAM	F DEATH HOUR A.M	MONTH DAY	YEAR 19	CCURRED (ENTER NATURE OF INJURY I	N ITEM 18 PART I OR PART ?)
21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF	FINJURY T FACTORY, OFFICE FARM		CITY OR TOWN	COUNTY STATE
220 certify that (1) this h saw the deceased alive abave ((1) we) (did) (di	e an 3-9	19 87	, and that in my (aur) ap	onian death accurred on the date	and have and from the causes stated
22b SIGNATURE	Kanaan	schops		ING MEDICAL STAFF	5-26-8
22d PHYSICIAN'S NAME A	aracuschan				
230. BURIAL, CREMATION, REMO	23b. DATE 5-27-8		ME OF CEMETERY OR CREMAT		COUNTY STATE
24 FUNERAL DIRECTOR Leviard J. Ru	ick, Inc.,5	305 Harfo	rd Rd.	MAY 2 198	REGISTRAR & SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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3331 Brehms Lane, Balto. Md. 21213

(VRA 15, 4)

STATE OF MARYLAND

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5		1			STATE OF MARYLAND		
3.97	I MY		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		13821
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e e	÷ =		PE OR PRINT)			THE DATE OF DEATH	
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dec	E 5/	10	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NUIDS	WIDOWED DIVORCED DIVORCED DIVORCED		ity MD.
the the		1	IN OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	120 USUAL OCCUPATIO	
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0 0	2 2/		(YES NO OR UNKNOWN) (IF YES, GI	ve war or dates) 218-09	-8410		
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prito TTO	2 0 1		sow the deceased alive on	5 9 of view the body offer death.	7 , and that in (our) opinio	n death occurred on the dat	e and hour and from the causes stated
OR A e hos	toched bept.		22b. SIGNATURE	0	DEGREE		220 DATE SIGNED
AL CAL	te D		Churtal	· Cours	MD ATTENDING	MEDICAL STAFF	
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(VRA	15, 4)		Diate A	Lacomy Board	Balto., Md.		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙄

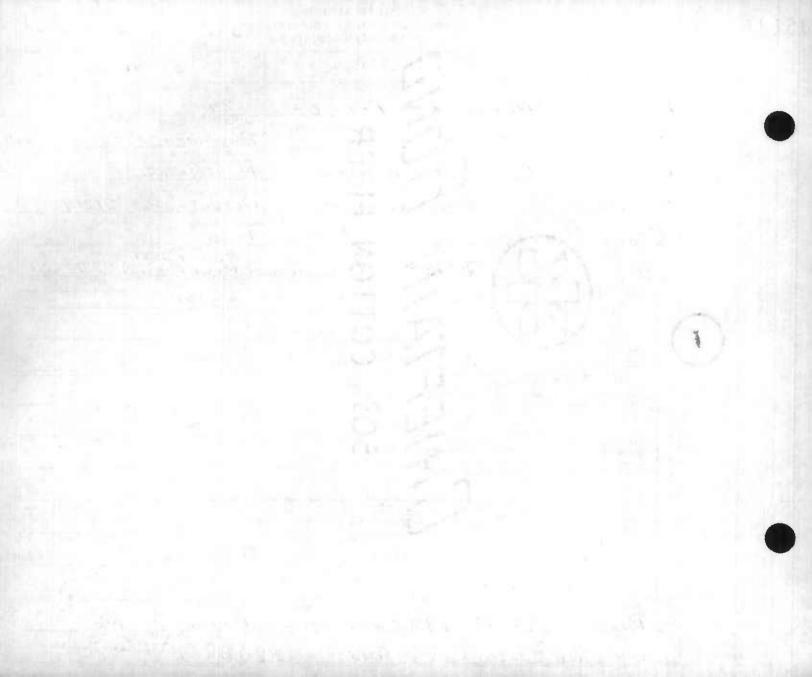
REG. NO

ilia Davidson. Kandalle

CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 2a DATE OF DEATH MONTH DAY 26 HOUR THE CHARGE MURDUCK HARRIET 05: RIZSA M 1.5EX 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS IF UNDER LYFAR IF UNDER 24 HRS MONTH VEAR PEMALE NEGRO TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED BALTIMORE VIRGINIA WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RTH CHARLES GEN HOMEMAKER DALTIMURE LIAT PESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE BALTIMURE BRYGANO 1701 EUTAWIPZ 21217 YES NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST 1000 ANIEL RANGS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO AO. APPRESS 2571 LIF YES GIVE WAR OR DATES THE HE CH UNKNOWN) MYRLO BEACH S.C. 2958 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: Meterstatic coercinoma at Orapu IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Intestma Obstruction Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF heart disease underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 elastro Intestina bleeding TE OF OPERATION 196 CONDITION FOR WHICH DPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO [21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERL P.M 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN (AT HOME STREET FACTORY OFFICE, FARM, ETC.) NO! WHILE 4/26 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death, 22b. SIGNAT DEGREE 22c DATE SIGNED ATTENDING MEDICAL MV PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 714 PHYSICIAN NAME THE CERENT 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE BALTIMORE NAT 13URIA 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

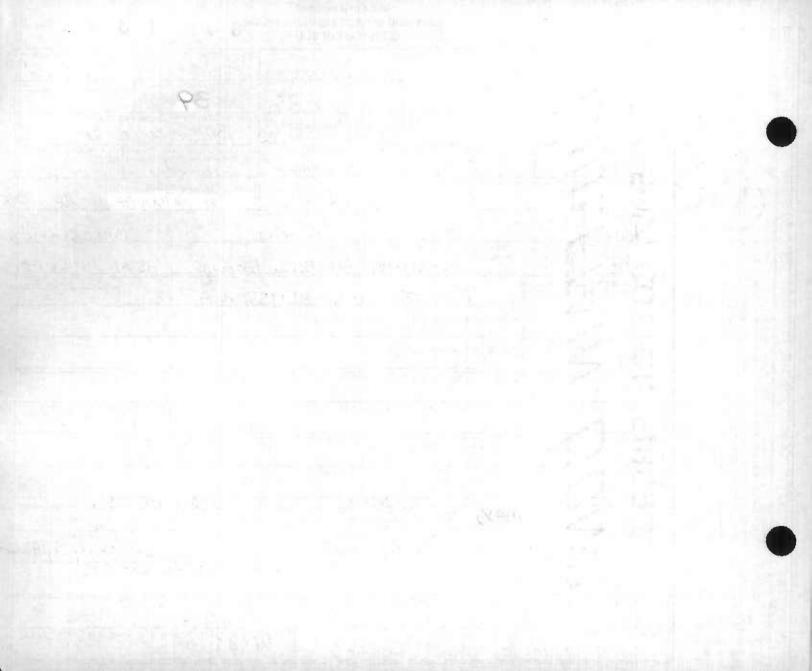
KUSS 2222 W. NORTH

DHMH - 16 60M 7/84 (VRA 15, 4)



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1 207			18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and (c).)		BETWEEN OF	ATE INTERVAL
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	.,	24 F	UNERAL DIRECTOR		250 DA			26) 2
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(VRA 15, 4)			WIII C MATCH F/H	west 4300	Wabash Ave.	1 1501		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME Marie 20. DATE OF DEATH 26 HOUR MONTH LTYPE OR PRIATE 4 RACE 5. DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS aucas, an In BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marulana WIDOWED DIVORCED 17 more M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF ORK FOR MOST OF WORKING LIFE Meat (0. Packer SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 113h COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ruth Rohner dward 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Thanos 5103 Eastern Ave. 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY N/3years IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from, sow the deceased alive on, and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated above, (1) (wer (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED O FUNERAL Disould be detact ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN F MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION DHMH - 16 60M 7/B4 harites S. Zeiler & Son Inc. 6224 Eastern Ave. (VRA 15, 4)

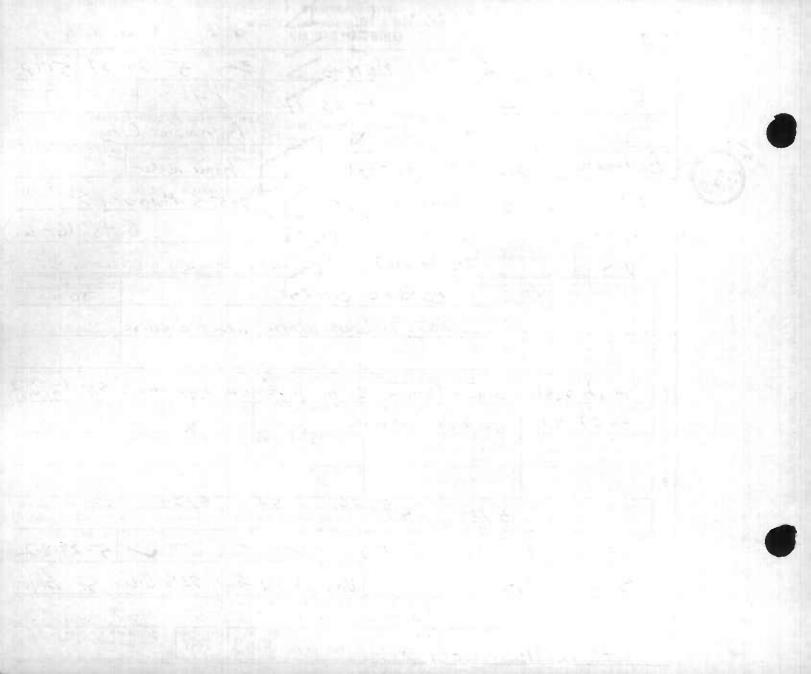
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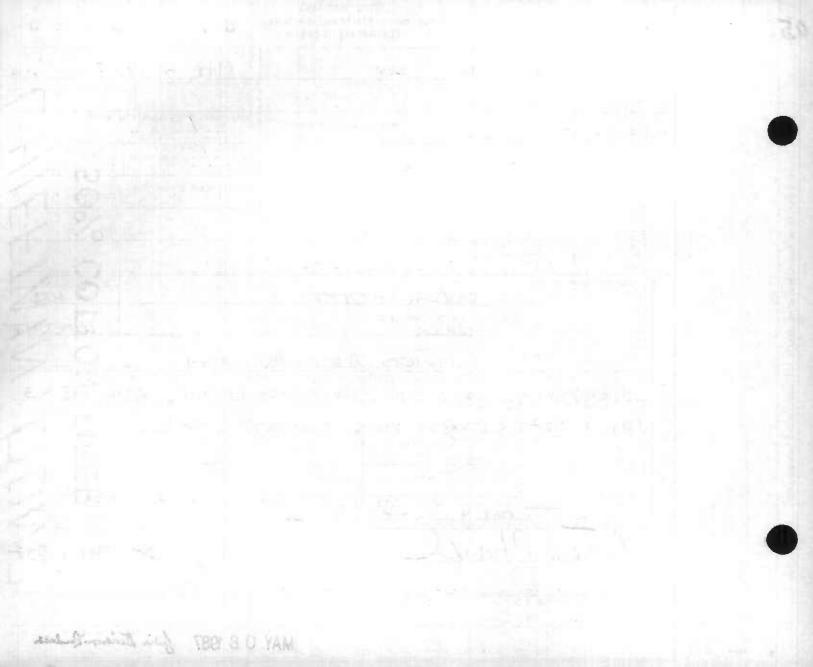
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		CEASED NAME FIRST	WIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 S ING PHYSICIAN: The low requires that the death cert rate been used within 24 hours restricted to be been signed by the attending the secution of physician. When this certificate has been signed by the attending to a she buriol-transit permit. Then please remove coroon to cond 2 should be file the and Mental Hygiene prior to buriol, cremation, or time of the shows any injury, or other traumatic.	13a	STATE 136 COU	130. CITY O	OR TOWN	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	zip code ana Ave. 2:	1206
rthin thin 2 sh	14. F.	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME		
MAM & STATE OF STATE		James J	• Mur	ohy	Caroline	WIDDLE	Dimler	LAST
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PHY endiin thus ne bu d A dor	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	wn COUNTY	Y STATE
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55 543 3	23a.	BURIAL, CREMATION, REMOVAL	The state of the s		EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY	STATE
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DHMH - 16 60M 7/B4		UNERAL DIRECTOR	T 5705 49	ORESS		E REC'D. BY REGISTRAR		-
(VRA 15, 4)	l r	eonard J. Ruck	, Inc., 5305 H	ariord R	a. M	AY 25 1987 I	Gulia Davider	n. Kondalls

icholat proiduled godel . tol Caroline Miganeth L. Surphy, Some as 1 m 500 5 T. . LE . . O. Dall

Leonard J. bick, Inc., 505 Marford Md.

		- Item 4 - 6	-4-87 Phene	C STATE OF MARYLAND		
55386 JIII		STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	13821
oge 3		CEASED NAME FIRST ALICE	Rebecca	Murray	20. DATE OF DEATH MO	- 29 - 87 519 PM
e 4 moy ctor. pag s after de	3 SEX		4 RACE CWhite	S. DATE OF BIRTH	6. AGE (INYEARS LAST BRIND	AY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
and the season of the season o		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	131.12 100 110	COUNTY OF DEATH
86	79 (1	Saltmore	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	126. KIND OF BUSINESS OR INDUSTRY
	USU/ 430. S	TATE TO TO THE TOP TO	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		
d with poletel xong	14. FA	THER'S NAME NORMAN	MIDDLE LAS	15 MOTHER'S MAIDEN N	AME MIDDLE	Butts LAST (Granes
Pages 1		AS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT	S. Dunahugh,	Hagerstown, MD.
physicial physic		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (a), (l ED BY: TE CAUSE (a)	ardiac arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 MIL
hat the death ce by the ottending ase remove carb al, cremotion, or r		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS (b) CO FO 1 DUE TO, OR AS A CONS (c)	by atheroscleroti	c heart die	sea se
iow requires	ATION	PART 2 OTHER SIGNIFICANT	um organ Fa	G TO DEATH BUT NOT RELATED TO THE TER ALLUNC 2° to proli THICH OPERATION WAS PERFORMED	1200 AUTOPSY? 12	tusion SIP bypes
N: The lov ysicion. cote has b consit perm Hygiene pi	CERTIFICATION	5-27-87		Angina Pic HOW INJURY OCCU	YES NO	N CERTIFYING CAUSES OF DEATH? YES NO NO NITEM 18 PART 1 OR PART 2)
NG PHYSICIAN: The offending physician state of the certificate in as the buriol-trons in the and Mental Hygier orked or treat 8 she	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINE AT WORK	AIII	19 211 LOCATION	CITY OF TOWN	COUNTY STATE
attendin spital or a CTOR: Aft I for use as af Health		220.1 certify that (I) (this hasp sow the deceased alive an above, (I) (we) (did) (did no	1- 17 /-	19 57, and that in (my) (our) opinio	7, to 5/24 on death occurred on the date	7 19 9.7 , that (11 (we) lost and hour and from the causes stated
by the ho by the ho ERAL DIRE se detoched Stote Dept		226. SIGNATURE JUNEAR 226. PHYSICIAN'S NAME (179E)	4. Thom	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	271. DATE SIGNED 5-29-87
etoined by TO FUNER should be ewith the Sti		Susan E	Thomas	Univ. of M	1 Hosp 225	Green St Balt.
BP		URIAL, CREMATION, REMOVAL burial	June 2,1987	Shankstown Cemetery		Washington, MD.
DHMH - 16 60M 7/84 (VRA 15, 4)			ICH FUNERAL H	OME 255. 0 555n, Maryland 21740		REGISTRAR'S SIGNATURE





FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO ROB Roby 20 DATE OF DEATH MONTH DECEASED NAME MIDDLE 26 HOUR (TYPE OR PRINT) 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH MONTH 1911 Negro Feb. BALTIMORE CITY OR COUNTY OF DEATH 7n BIRTHPLACE STATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland DIVORCED [10 CUTY OR TOWN OF DEATH 126. KIND OF BUSINESS OR Factory John Hanson Apts. 21701 Frederick Frederick YES P Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME John Wesley Christina Tsabelle Mvers Biggus ADDR13207 Western Chapel Rd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT 218-10-8178 Berenetta E. Hammond, New Windsor, Md. 21776 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: CARDIO - RESPIRATORY SEPSIS Conditions, if ony, which gove rise to immediate cause (o), stoting NEUMONIA underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CEREBRO - UBSCULAR ACKIDENT. 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INTURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. DEGREE 226. SIGNATURE PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 22d. PHYSICIAN'S NAME LTYPE OR PRINT medical Center . N. RAIFER 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial May 6.1987 Simpson Methodist Poplar Springs, Howard, Md. ATE RE D. SOLGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Olin L. Molesworth, P.A., Damascus, Md. (VRA 15, 4)

STATE OF MARYLAND

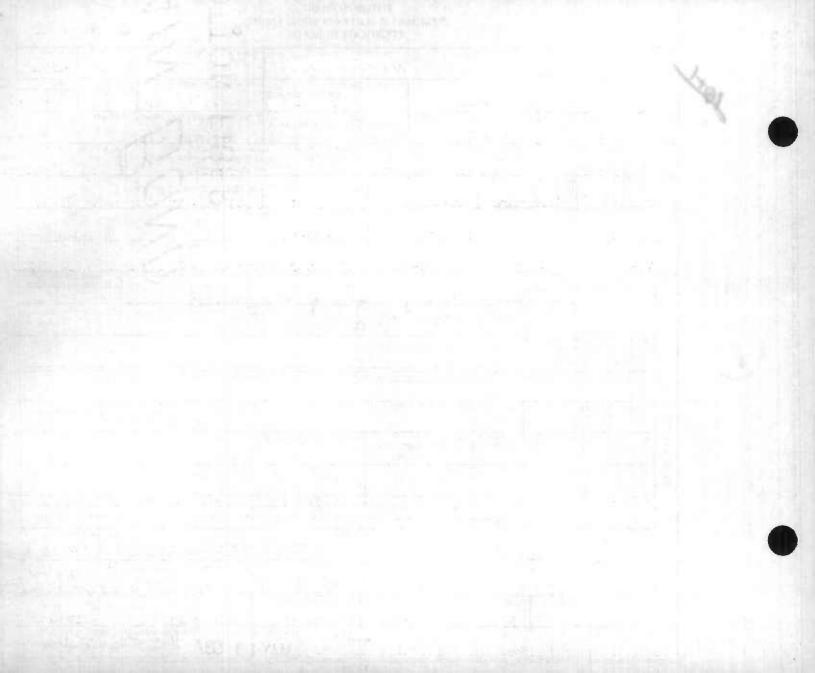
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2		ron		STATE OF MARYLAND		
4638 11172	318	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	3 3 4
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oge 4 moy be rector, poge 3 urs offer death	(TYPE	Juozas		Naidicius	May 25, 1987	08:07 _M
e po	3. SE	4	RACE	5. DATE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HRS
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ed wit	100	FIRST MIC	DDLE LAST	FIRST	MIDDLE	1305
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quires 18 signed Then plea to burio njury, or	ZO	PART 2 OTHER SIGNIFICANT CO	Afersul CA	EATH BUT NOT RELATED TO THE TERM		N IN PART 110
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he lo	CERTIFICATION				YES NOT YES	ING CAUSES OF DEATH?
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SICIAN of physic certificat riol-tron entol Hy		OR CONTRIBUTING CAUSE OF DEATH		Y YEAR		
HYSICIA Iding planis certif buriol:1 I Mentol or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION		
DING PHYSICIAN: The low requires the or ottending physicion and After this certificate has been signed he as the buriol-transit permit. Then plea olth and Mental Hygiene prior to buriol marked or frem 18 khows any injury, or a	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC) STREET	CITY OR TOWN	COUNTY STATE
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OR ATT or hospire DIRECTO oched fo Dept. of f them 2		226 SIGNATURE	lew the body offer deoffi.	DEGREE		22c. DATE SIGNED
	10	/ Juntonan	W. eddle	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
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1 2 - 0 - 0		11. KUDIRY	KA	3927 ann	capolis Rd , Dale	8. med 21227
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DHMH - 16 60M 7/84	2 F	JNERAL DIRECTOR	ADDRESS	5311 25a. DAT	E REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
(VRA 15, 4)	E	DWARD J. WER	ER FIH, E	OMENISON AUXAY	21 1087	Como Reactor

10000						OF MARYLAND		
15397	MAY 2	Or B	FOR STATE REGISTRAR	D	CERTIF	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 / REG. NO.	13831
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2 1 0	rs other	3 SEX	EMALE	CAUC.	5. DATE C	- 15 · 34	6 AGE (IN YEARS LAST BIRTHD)	YRS IF UNDER LYEAR IF UNDER 24 HRS
earth Po	35	70 BI	ETHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8. MARRIE WIDOWE	NEVER MARRIED	BALTIMORE CITY OR C	COUNTY OF DEATH
2 No. 10	37	10 CI	HIMDRE	11. NAME OF HOSPITAL, ILE NOT IN SUCH FACILITY, OF		MEDICAL .	120 USUAL OCCUPATION AWPE OF WORK FOR MOST OF WO	ORKING LIFE)
24 Sour	35	USU/ 130: S M A	LERESIDENCE (IF NURSING HOME OF TATE 13H COU	ROTHER INSTITUTION GIVE RESIDE NITY 130. CITY	NCE BEFORE ADMISSION) OR TOWN	136 INSIDE CITY LIMITS? YES NO	3525 LOUT	IP CODEL
MARYLL ed with	130	V FA	THER'S NAME FIRST	MIDDLE MC	Neil	15 MOTHER'S MAIDEN N. FIRST	AME MIDDLE	LAST
TIMORE,	Copel			RMED FORCES? 16b SOC	AL SECURITY NO.	MR. ANTHON	NAPORA 3	Saa Louth Rd
ST., BAL	on poper event, 16		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST IMMEDIA	nly one cause per line for (o ED BY: CTE CAUSE (a)), (b), and (c).)	RREST		BETWEEN ONSET AND DEATH 5 MINUTES
1 W. PRESTON 1 that the death ce by the attential	sate remarke carbonic con a company of the company		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	TRICULA	R TACHYCO	1000	7 minutes ~5 years
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AL RECORDS The Sovernegue Ton. Thus been sig	No. of the Party	THECAT	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		Ob IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
OF VIII	Da 18	CAL CE	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE		NTH DAY YEAR	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
INISION OFFERSO OFFERSO	hed o	MEDIC	I IN JURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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TAL OR RAL DIRE	derpicker tota Dapi NT. If Ne	-	226. SIGN TURE	Bon	6		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 5/14
O FUNE	MPORTA			RR MD		BALT	SHOPKINS H MORE, MO,	105PITAL 21205
BP_	_7 ;	BL	URIAL CREMATION, REMOVAL	5.18.87	9 STA	NISLAUS C	m BALTIMOR	E COUNTY MD STATE
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to a to		agoslavia	1	U.S	.A.	WIDOWE	_	ORCED	Baltimor	e City	J	MD.
1 1 27	10. C	ITY OR TOWN OF DEATH	1	1. NAME OF	HOSPITAL, NUR	RSING HOME		ITUTION	12a. USUAL OCCUPAT	ION	12b. KIND OF	BUSINESS OR
5 3 70	1.	Baltimore			Agnes Ho				Foreman	OF WORKING UP		G.&E.Co
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RE,		WAS DECEASED EVER IN			16b. SOCIAL SI		17 INFORMA		ADDR	ESS		WII
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ALTI te bi	F	18. CAUSE OF DEATH		4 4			<u> </u>	11 0. 0.	icciqci 242	T Date		ATE INTERVAL
phys ppys pop movent,		PART I. DEATH WAS	CAUSED	BY.	0	, 0110 (01.	- 1 - 1	A			BETWEEN OR	SEI AND DEATH
N SI		IM.	MEDIATE	CAUSE (o)	0 - 6	A Property		1	CALINA			
STO		Conditions, if any, w	hich	DUE TO, C	OR AS A CONSE	QUENCE OF	A					
# 2 1 1 2 C		gave rise to immed cause (a), stating	iote) (D)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. NG PHYSICIAN: The low requirement neigh certificate be executed within 24 hours after this certificate has been signed to the physician and completely filled in the secretificate has permit them exists the buried-transit permit. Then exists the corbon papers. Pager And 2 shaple be lift to and Mental Hygiene prior to buried to the corbon pager. Or handward the medical examines the medical examines the corbon pager.			lost.	DUE TO, C	OR AS A CONSE	OUENCE OF						
201		PART 2 OTHER SIGNIFI	CANTICO	NDITIONS C	ONTRIBUTING :	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART Lo	
RDS, 3 quir squir resignation to b njury,	S										211 1111 1111	
Bon beer	CERTIFICATION	190 DATE OF OPERATIO	N	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20e AUTOPSY?		S, WERE FINDING	
hos hos	F			190					YES T NOT		YING CAUSES O	PO T
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TTEN TOR TOR of Ho		sow the deceased a above, (1) (we) (did)	live on_	432	5/8 1	9.87.6	nd that in (my)	(our) opinion (death occurred on the d	ate and hou	r and from the co	ouses stated
OR A DIRECTOR OF THE PROPERTY IN THE PROPERTY		27b. SIGNATURE	dia non	view the body	offer death.		DEGREE				22c. DATE SI	IGNED
Y the SAL D detacl of Die		18	2	K				TTENDING PHYSICIAN	MEDICAL STA		5/6	1/87
HOSPITAL ined by the FUNERAL old be det of the State	1	22d. PHYSICIAN S NAME	(TYPE OR	PRINT)	Marie Salah		22+ ADDRESS		s f Ar~		4	25
- 2 . 2 - 2		1	A	IFP	Sh.	17		753	RTCLAR	056	1165.15	50 3/2
or or show	23a.	BURIAL, CREMATION, REA	MOVAL	23b. DATE	12	3c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	11100	NEWS	20 515
ВР		(SPECIFY)		5/11					CITY OF TOWN	0	COUNTY	yland
	24 F	UNERAL DIRECTOR		5/11.	/.0/		Park c 21229	250 DAT	E REC'D. BY REGISTRAN		RAR'S SIGNATUI	
DHMH - 16 60M 7/84 (VRA 15, 4)	H	ubbard Funer	al H	ome Ti	nc 410			MAY	1 1 1987		widon Ran	
, ,	11	mounta ranci	UT 11	VIIIC / II	TO. TIU	, 44-T-17C	1100.	MAI	1 1001	F		



Same as #13 Imman 100 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) (our) pointon death occurred an the date and hour and from the causes stated ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22e ADDRESS ld b 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 236. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE (SPECIFY) 5-20-87 Removal 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR STATE ANATOMY BOARD BALTEMORE, MD. (VRA 15, 4)

STATE OF MARYLAND

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IF UNDER I YEAR

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INDUSTRY

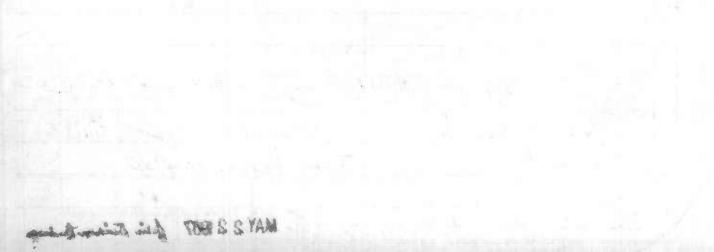
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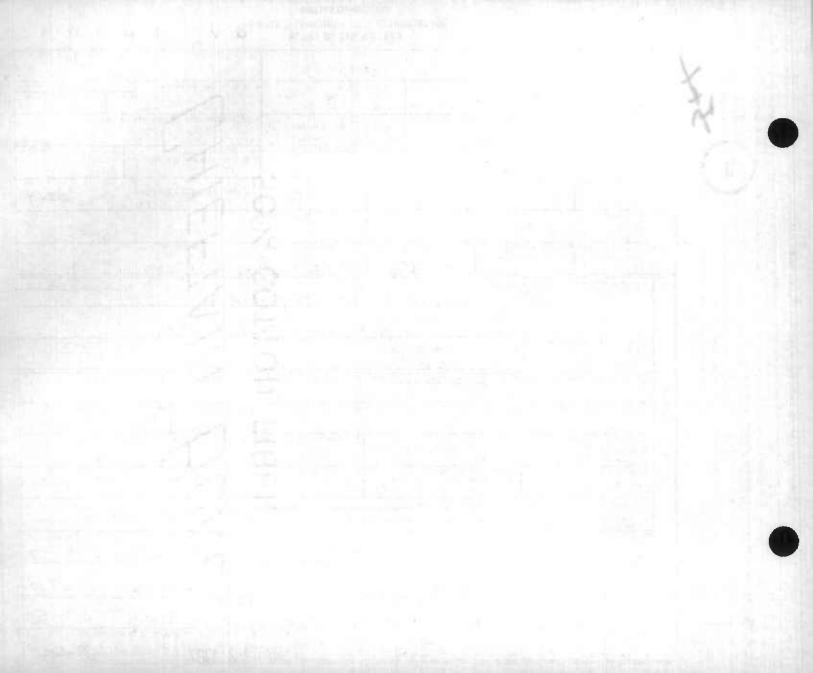
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	2 R	STATE REGISTRAR		2.5		CERTIF	ICATE OF DEATH	8	REG. N		3	0	J -	
1		EASED NAME OR PRINT)	FIRST	٨	AIDDLE		AST	20 DAT	E OF DEATH	MONTH	DAY	YEAR	2h HOL	UR
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1	3. SEX			4 RACE		5. DATE C		6 AGE	IN YEARS LAST B	IRTHDAY)	MONTHS	DAYS	HOURS	R 24 HRS.
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Ł		YORTOWN OF DEAT	Н	(IENOT IN SUC	HEACILITY, GIVE	URSING HOME C STREET ADDRESS) CON AVENT	DR OTHER INSTITUTION	(TYPE OF	VALOCCUPAT WORK FOR MOST tired			KIND O DUSTRY	F BUSINE	ESS OR
1	130 S	Md	3b COUN		GIVE RESIDENCE 136 CITY OR Baltin	TOWN	13d. INSIDE CITY LIMITS? YES \(\) NO \(\)	38	et address 03 Cr	/ zip cot anstoi		enue	2/2	29
K	14 FA	THER'S NAME FIRST Harry	,	MIDDLE	Ne1:		15. MOTHER'S MAIDEN N FIRST Etta	IAME	WIDDLE		C	olli		
٦		AS DECEASED EVER IN			166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDF	RESS				
	Ye		(IF YES, GIVE	WAR OR DATES)	219-1	6-8886	Regina Sim	nson	3803	Cransi	ton	Aven	II e	
	NO	Conditions, if ony, gave rise to imme cause (a), stating underlying cause	which ediate the lost.	(b) DUE TO, OF	R AS A CONS	SEQUENCE OF SEQUENCE OF G TO DEATH BUT	tension p	CASI	EASE OR CO	Z NDITION G	IVEN IN	PART Inc	,	
7	CERTIFICATION	190 DATE OF OPERATION	ON	19b CONDI	TION FOR W	/HICH OPERATIO	N WAS PERFORMED	20a /	AUTOPSY?	IN CERT	ES, WER	E FINDIN CAUSES	IGS USEI OF DE AT	TH?
)		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEA	TH HOUR A.	M. MONTH	H DAY YEAR	21s. HOW INJURY OCCU	JRRED (ENT	ER NATURE OF INJ	IURY IN ITEM 18	PART TO	R PART 2)		
	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK	E []	21e PLACE (PFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR T	rown	C	YINDC	S	STATE
		22a.1 certify that (1) (1 saw the deceased abave, (1) (we) (did	d alive an.				nd that in (my) (aur) apinia	n death occ	turred on the	date and ho	. 19 our and		that (I) (causes st	
	100	226. SIGNATURE	191	0			DEGREE				2	2 DATE	SIGNED	
	000	& Tank	aer	sal m	0		M.D. ATTENDING PHYSICIAN	DIRECT	TOR PHYS	AFF ICIAN 🗌		51	8/8	37
		Hossen		PASSOL,	EM	·D	3455 W,	CKE	us av	E. 86	ILT.	מע	21	224
		URIAL, CREMATION, R	EMOVAL	23b. DATE		23¢ NAME OF C	EMETERY OR CREMATORY	23d L	OCATION CITY OR TOWN		COU	NIV		STATE
		Burial	-15	5/12	2/87	Crownsv	ille Vet Cem	C	rownsv	ille				Md

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm. C. March F/H West 4300 Wabash Avenue



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STATE OF MARYLAND

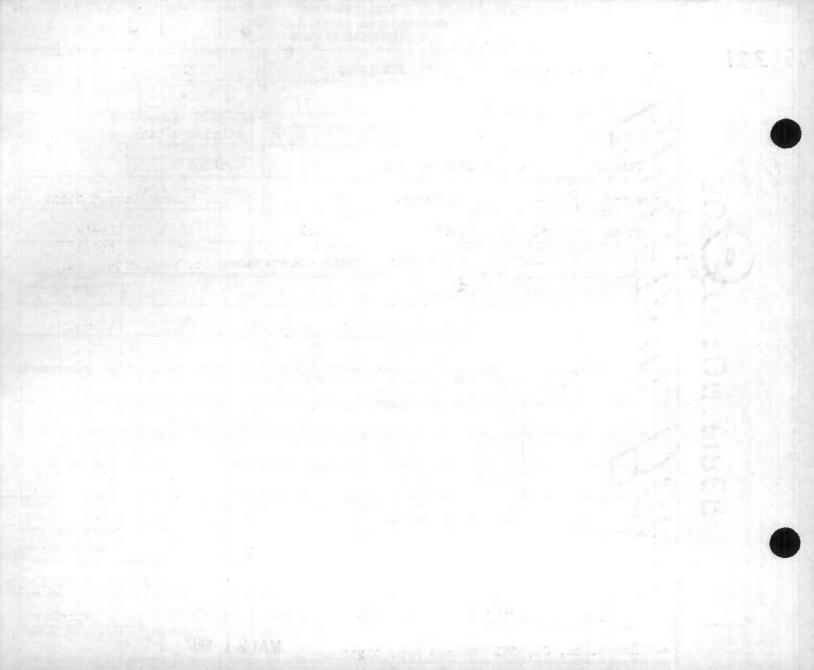
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTI	ICAIL OI DEATH	REC	3. NO.		50
LIVE OR PRINT	WIDDLE	100	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
MABLE	O) J.	NELS	ON CO		05-	20-87	12.20 A
3 SEX	I. RACE	5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Famale	libita	04	05° 17°	70	YRS		HOURS MIN.
TO BIRTHPLACE (STATE OFFOREIGN)	LOUITIZEN OF WHAT COU	NTRY? 8		9 BALTIMORE CIT			
Maryland	USA	WIDOWE	D NEVER MARRIED !		ore Cit	ty	ME
	11. NAME OF HOSPITAL, N IF NOT IN SUCH FACILITY, GIV BON SECOUR	NURSING HOME		120 USUAL OCCU	PATION	12b. KIND O	OF BUSINESS OR
Maryland 136 COUN	TY 13c CITY O		134. INSIDE CITY LIMITS?	13. STREET ADDRE	ss / zip co Monroe	Street	21223
Nathan A.	Rock	ST	Pearl	MIDD	LE	Mulleni	X
160 WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	A	ODRESS	2219	1
(YES NOOR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 213-	36-1137	Pat Spading	907 Bay St	. Wood!	bridge.	Va.
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATI			miratory a	terr.		APPROX BETWEEN	ONSET AND DEATH
442	DUE TO, OR AS A CON	ISEQUENCE OF	teration of b	nurl		Qu.	41.
Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	1	7	, , , , , , , , , , , , , , , , , , , ,			7,.
underlying cause last.	(c)	.5.00					
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR (ONDITION	GIVEN IN PART 1	a
& Kenal fail	w						
NO IN ING. DATE OF OPERATION. 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDIN RTIFYING CAUSES YES	
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	711 BAN WEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM I	18 PART 1 OR PART 2)	
OR CONTRIBUTION C CALLES OF DEAT		H DAY YEAR					
CONTINUENT MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
220.1 certify that (I) (this hospit gaw the deceased alive an above, (I) (we) (did) (did not	05-20	8 3	nd that in (my) (aur) apine	n death accurred an t	- 20 he date and h		that (1) (we) los causes stated
226. SIGNATURE	west the observation of the obse		DEGREE			22c. DATE	SIGNED
Jun E	mm',	47	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN []	5-	20-87
22d PHYSICIAN'S NAME (TYPHOR			1910-14- C	2. Pralt st	net, Ba	Qtimm, &	-02122
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b DATE 5/21/87		EMETERY OR CREMATOR Ridge Cemete	ry Bältii			aryland
24 FUNERAL DIRECTOR		Docc	25a C	AAV O 1 109	RAR 256 FEG	ISTRAN'S SIGNAT	Opendale
A. Alan Seitz, Jr	. 3818 Rolan	d Ave. 2	ווכו	MAY 2 1 198	1 8		

DHMH - 16 60M 7/84

should be detached for use as the burio with the State Dept. of Health and Meni IMPORTANT: If them 21 is marked or Ite

A. Alan Seitz, Jr. 3818 Roland Ave. 21211 (VRA 15, 4)



					JIMIC	OF MAKILAI						
	FOR STATE REGISTRAR	AL- Y		DEPARTM		EALTH AND M		0 /	REG. NO.	3	4 4	0
	CEASED NAME	FIRST	N	NDDLE	t/	12/		2a. DATE OF DI	EATH MON	NTH DAY	YEAR	26 HOUR A
		JOYCE	1660	C.	NE	UBERT		MAY		1987	California (3:10 M
SE)	ELECTIVE AND ADDRESS OF THE PARTY OF THE PAR	4.	RACE		5 DATE O		YEAR	6. AGE (IN YEAR	S LAST BIRTHDA	MONT	HS DAYS	HOURS MIN.
- 1	FEMALE		WHIT	E	Ju	y 31	1942	44	+	YRS.		
	OUNTRY)	P FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER M.	ARRIED X	9 BALTIMORE			DEATH	
M	ID.		US	A	WIDOWE	<u> </u>	ORCED		OMIT		TY	MD.
200	Y OR TOWN OF D			OSPITAL, NURSIN		R OTHER INSTI	IUTION	12a USUAL OC			26. KIND OF NOUSTRY	BUSINESSOR
	BALTIMOR	RE	THE			NS HOS	PITAL	PROFE	SSOR	,	COL	LEGE
	RESIDENCE (# NU	136 COUNTY		GIVE RESIDENCE BEFORE		134. INSIDE CIT	Y LIMITS?	13e STREET AD		P CODE	NP 2	21010
I FA	THER'S NAME			DALIU		15 MOTHER'S			NUKIT	WUUP	UK	XIXIX.
	FIRST	MIC	DIE	LAST	FOT		NCE	,	MIDDLE		LAS1	
6n V	AS DECEASED EVE	R IN U.S. ARME	D FORCES?	NEUB 166 SOCIAL SECU		17 INFORMAN			ADDRESS			
	ES, NO OR UNKNOWN)	HEYES, GIVE W		314 HD	37/4	MRS CAL	PRIVALE	HRMAN	- 112 h	PASE	ST	21224
	IB CAUSE OF DEA	TH (Enter only	nne coure ner	line lay (n) (h) and	July 1		NUL III	THALIA	1.154.13	ROSE		MATE INTERVAL
		WAS CAUSED	BY.	ETASTATI	c ADA	ENOCARC	INOMA	of PA	NCKE	As		
		IMMEDIATE								794	In	routh
	Conditions, if or	w which	1	R AS A CONSEQUE	NCE OF					6.50	13,000	and of
	gave rise to in	mmediate	(b)						44	70.00	- 11-1-1-1	
	cause (a), sta underlying cau		DUE TO, OF	R AS A CONSEQUE	NCEOF					Marin		
	PART 2 OTHER SIG	GNIFICANT CO	NDITIONS CO	NTRIBUTING TO [DEATH BUT	NOT RELATED	O THE TERM	INAL DISEASE C	DR CONDIT	ION GIVEN	IN PART 110	
Z	DEHYDR									e*		
ATE	190 DATE OF OPER		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOP		b. IF YES, W		
E								YES N	400	V CERTIFYIN	CAUSES	NO (3)
CERTIFICATION	218. ACCIDENT WAS	INDERLYING	216. TIME O		WEAR	21c HOW INJ	URY OCCUR	RED (ENTER NATUE	RE OF INJURY IN	ITEM 18 PART	ORPARI ?)	
	OR CONTRIBUTING	_	HOUR A.	M. MONTH DA	YEAR							
WEDICAL	214 INJURY OCCU		21e PLACE	OF INJURY		211 LOCATIO	N	G	CITY OR TOWN	., 40.0	COUNTY	STATE
×	WHILE NOT	WHILE	TAT HOME STR	EET, FACTORY OFFICE, F	ARM, ETC)	SINEE		N. E.			LAT	
	22a.1 certify that	(this haspital	attended th	e deceased from_	5/	13/37	., 19	, to	5/30	, 19.	27.	that (H (we) last
	saw the dece	ased plive on	3-/	30 19	87,01	nd that in (my) (our) apinion (death occurred	an the date	and hour ar	d from the	couses stated

22b. SIGNATURE

DEGREE

22c. DATE SIGNED

22e ADDRESS 600

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN N. WOLFE ST. BALTO.

MD.

JOHNS MOPKINS MOSE.

REDFEMER CEM. BALTO

250 DATE REC'D. BY REGISTRAR'S SIGNATURE

ORD RD. BATMORS MO 21205

23a BURIAL, CREMATION, REMOVAL (SPECIBURIAL

23¢ NAME OF CEMETERY OR CREMATORY

7527 HARFORD RD HARTLEY MILLER

236 DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for with the State Dept. of I IMPORTANT. If them 21

BURGAL JONE HIT HOLY KELEFHER CELL BALTIC. L. M.

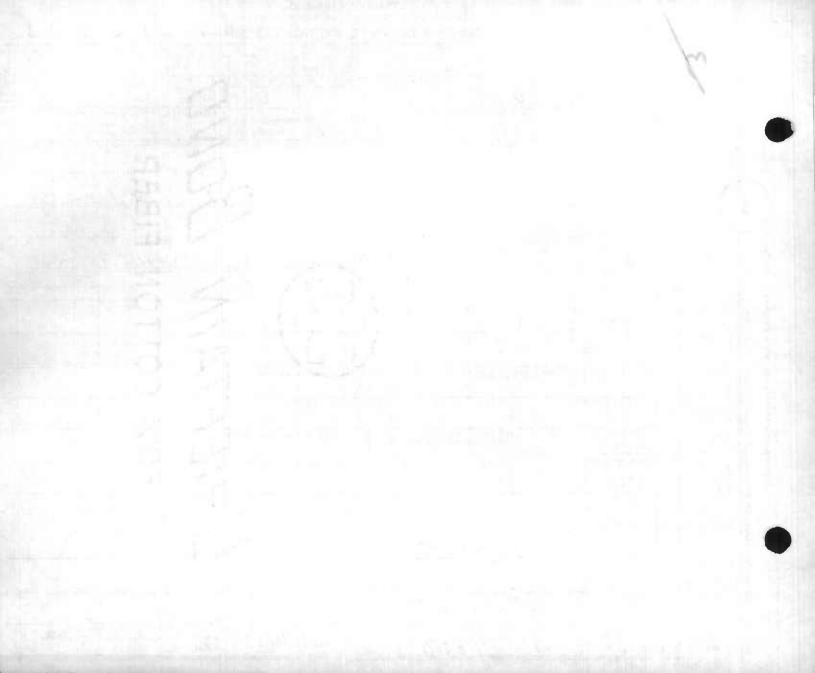
STATE OF MARYLAND

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									REG. NO		Taa.
	nay be page 3			CEASED NAME FIRST	sea	WIDDLE	New	by	20 DATE OF DEATH	MONTH DAY YEAR 5/12/87	3 15 PM
	oy de		3. SEX		4 RACE		5. DATE C	E RIPTH	6. AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
3	ge 4 m ector.		J. 3E/	MALE	Be	K	MONTH 2		94	YRS.	HOURS MIN.
	Po di	17		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COU	VTRY? 8	VV	9 BALTIMORE CITY O	R COUNTY OF DEATH	
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	her der within	D D	10 CI	TY OR TOWN OF DEATH			URSING HOME C STREET ADDRESS)	R OTHER INSTITUTION	128 USUAL OCCUPATI		F BUSINESS OR
201	by #			altimore	2436	Guilf	ord Ave	nue	THE OF WORK POR MOST O		
- 2	hau d in	200	13a S		OUNTY	13t. CITY OF	RIOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE A	18
MARYLAND	filled ould b	E Smart	Ma	ryland -		Balt	imore	YES X NO	2436 Gui	lford Aver	nue
3	tely 2 sh	90	14 FA	THER'S NAME		200		15 MOTHER'S MAIDEN NA	AME		
AR	3 9 0	2)(James	MIDDLE	Newb	ST	Sarah	WIDDLE	Turner	51
mi.	The state of the s	0	16n V	AS DECEASED EVER IN U.S.	ARMED FORCES?		SECURITY NO.	17. INFORMANT	ADDRE		
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N I	ا بن ق ف	0		ies 19	19-1919	1231-	10-1193	Lillian Ne	WDY 2436	Guilford A	
BAL		÷.		18 CAUSE OF DEATH (Enter	anly one cause pe	signe for (a),	b), and ic)			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.	physical phy	event,		PART I. DEATH WAS CAU	DIATE CAUSE (a)	A col	m Ca	c metas	Cases	3 n	~1) A.
Z	(i) (i)	-				D 45 4 60N	SEQUENCE OF				
PRESTON	tend tend on,	roumofic		Conditions, if ony, which		OR AS A CON	SEOUENCE OF				
er m	e de of	10		gove rise to immediate)						
3	th y th	orner		couse (a), stating the underlying couse lost.	DUE TO, C	OR AS A CON	SEQUENCE OF				
201	- 0000	0			(c)_						
	signe signe hen p	youy.	N	PART 2 OTHER SIGNIFICAN	nt conditions <u>c</u>	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 11	0.
RECORDS,	been mit. I	- Aug	CERTIFICATION	190 DATE OF OPERATION	19h CONI	DITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20s. AUTOPSY?	206. IF YES, WERE FINDI	NGS USED
RE	n. nos bi	0 4	FIC							IN CERTIFYING CAUSES	OF DEATH?
¥	The cio	No.	RT			D.F. IN LULINY		Tar Howard occur	YES NO	YES [NO 🗌
>	ZYOOT			218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 4		H DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM TB PART T OR PART 2)	
0	g pl g pl g pl gertif riol-t	E	CAL	LIF EITHER NOTIFY MEDICAL EXAM		.M.	19				
O		5	EDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
DIVISION OF VITAL	offer the offer the one	orked	2	AT WORK NOT WHILE AT WORK	(AT HOME S	TREET, PACTORT, C	DEFICE, FARM, ETC.)				
_	FNDH tol or OR: A	Ĕ	14.3	220.1 certify that (1) (this ha	ospital) attended t	he deceosed	Irom		, to		that (I) (we) last
	Spito CTO d for	7		sow the deceased plive above, (1) (we) (did) (did	onthe had	v after death	_19, or	d that in (my) (our) opinion	death accurred on the d	ate and have and from the	causes stated
		E	1577	22b. SIGNATU	- HOIT NEW THE DOG	y direr dedin		DEGREE		22c. DATE	SIGNED
		±		Dorbote 6	may D	un	· N	ATTENDING PHYSICIAN	MEDICAL STAI	F. A	
	SPITAL d by the NERAL be det	Z		224 PHYSICIAN'S NAME ITY	PE OR PRINT)			22e ADDRESS \/A	AAAAA A	AIV	
	HOSPITAL FUNERAL wid be dett	X /	131	Duntle	/			VM	reacen c	enter	
	TO HOSP retained TO FUNE should be with the	MYCK AN	22- 5	UBVOT NO	mone		Tas, NAME OF C	3900 Lo	1730 LOCATION	Bung 2	1218
				URIAL, CREMATION, REMOV		0 05			CITY OR TOWN	COUNTY	STATE
	BP	- 237		Burial	05-1	8-87	Garris	on Forest	Baltimo		
	DHMH - 16 60M 7	7/B4	24 FU	INERAL DIRECTOR		ADI	DRESS	25a DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNAT	Da dage
	(VRA 15, 4)		Br	own/Thompso	n F.H.	1913	W. Bal	timore St.N	IAY 1 9 1987	Larren Property	(commone)

FERT PREV Consul Swell field did notes of the transport of the contract thundrent percent fill there were the transferred TRARFACT TAFFACT CLEAR Miles Promise to The SAR Land 12 House to Amstern

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 053285 IMY -STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH 21 HOUR (TYPE OR PRINT) OF ESTI-OR YOUR FILES ITHIN 72 HOURS RESTON STREET DEATH MATED 1987 NICHOLAS ELIZABETH 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE 2d HOUR YEAR PRONOUNCED 1087 DEAD YRS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Baltimore City WIDOWED 2 DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IO CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 4602 Manordene Rd. Baltimore nemploye USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE FIRST OYa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DIVISH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MI I PRIOR TO BURIAL, CREMATION, DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO T 71g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) FORWARDED TO THE HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME 714 INJURY OCCURRED 21f LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEF BALLIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN WHILE AT WORK COUNTY 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes X death resulted from: Accident Suicide Homicide ____ Undetermined manner TITLE (SPECIFY) Deputy Chief ACTUAL 5-8-87 DATE SIGNATURE SIGNED 111 Penn St., Balto., MD 21201 EXAMINER'S NAM Dixon, M.D. Ann M. TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE YOWNSU1 07/B4 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



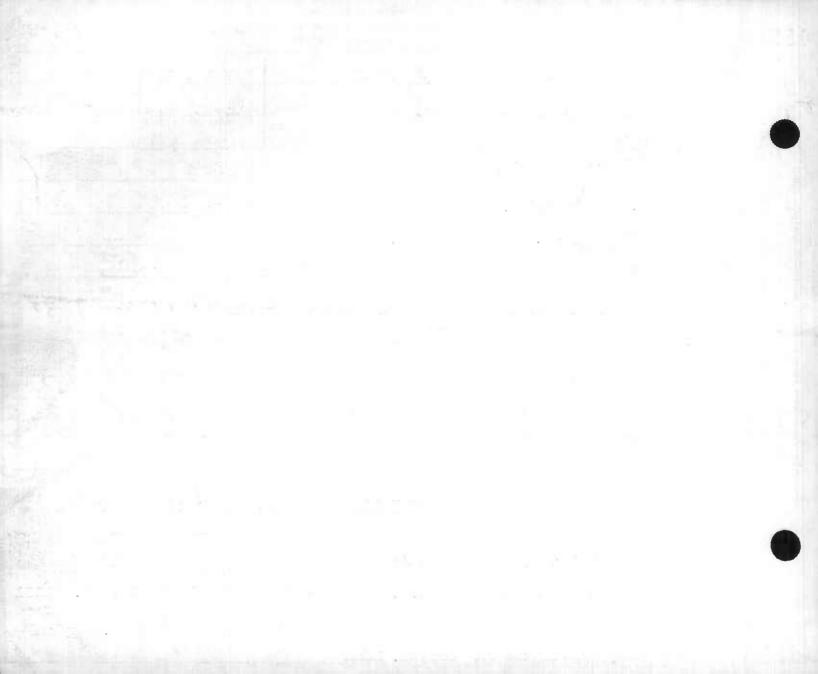
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Devider - Kandallo

Connelly Funeral Home 300 Mace Ave. 21221

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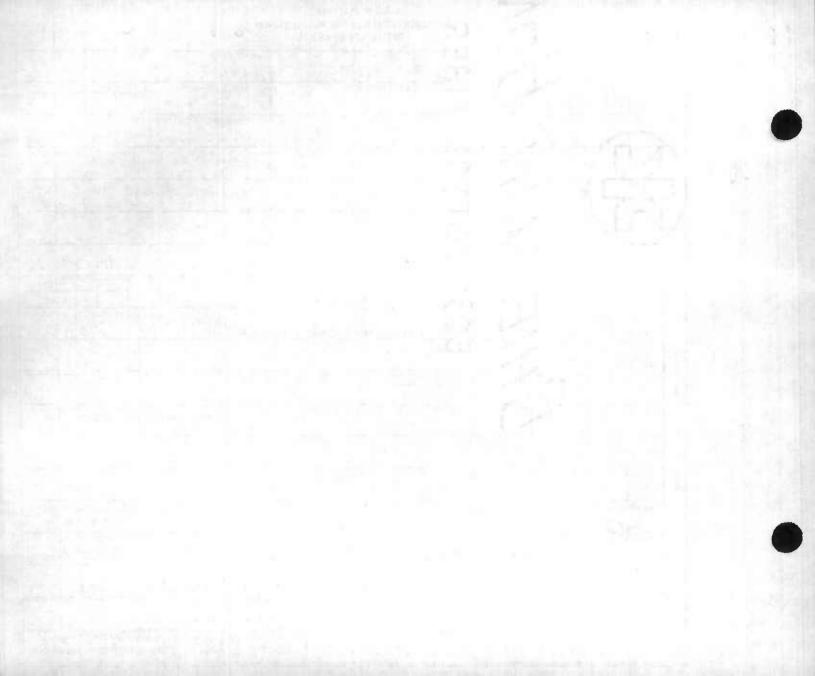


TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs retained by the haspital or attending physician.

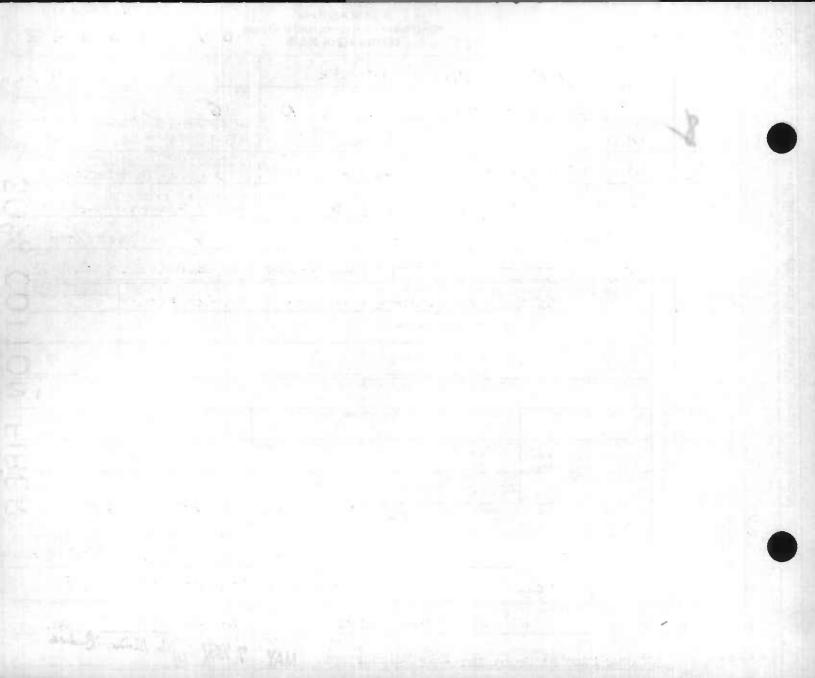
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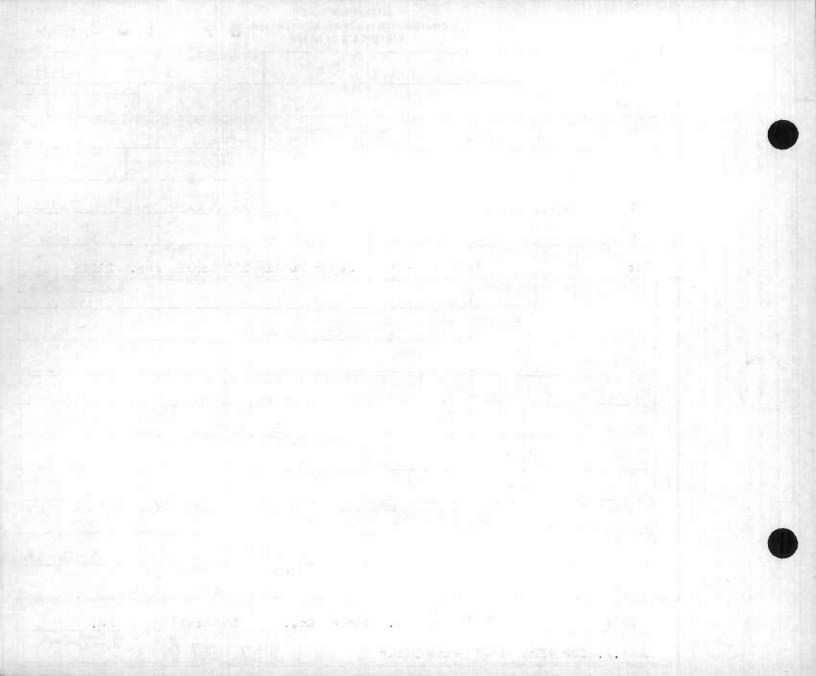
7 HAY 1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 4
	VOC ORDER AT	TH PAIGE NORFLEET	5/6/87	YEAR 26 HOUR
3. 5	FEMALE BLACE	5 DATE OF BIRTH MONTH DAY YEAR 12/17/1911	6 AGE (IN YEARS LAST BIRTHDAY) IF UN MONT	DER I YEAR IF UNDER 24
82	BURKSVILLE, VA. II.S	MARRIED NEVER MARRIED MIDOWED DIVORCED	9 BALTO CITY BALTO CITY	DEATH
45	BALTO SOUT			76. KIND OF BUSINESS NDUSTRY N/A
130	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION STATE MD FATHER'S NAME	13d INSIDE CITY LIMITS? BAITO 15 MOTHER'S MAIDEN NAI	13e.STREET ADDRESS / ZIP CODE 924 BETHUNE RD	21225
3/1	FIRST MIDDLE EDWARD PAIG WAS DECEASED EVER IN U.S. ARMED EORCES?	LAST	PATGE ADDRESS	LAST
16a	(YNO ORUNKNOWN) (IF YES, GIVE WAR OR DATES)		NORFLEET 924 BE	
event, th	18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Respiratory failure		BETWEEN ONSET AND DE
of, cremation, or is ather troumotic	Conditions, if any, which gove rise to immediate	RAS A CONSEQUENCE OF RAS A CONSEQUENCE OF	ncer	11/2 yr
injury, o		ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN II	N PART No
8 stows any injur	190 DATE OF OPERATION 196 CONDI	ITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WE IN CERTIFYING YES NOW YES	RE FINDINGS USED G CAUSES OF DEATH NO
	OR CONTRACTOR OF STATE HOUR A.	M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
th and Mental	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	OF INJURY 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
n 21 is me	220.1 certify that (I) this hospital attended the saw the deceased attended to above (I) we) (did (did not view the body	ofter death. 1987 , and that if (my) (our) opinion of	to Hay 6 19 death occurred on the date and hour one	that (1) (we from the causes state
MT # Her	22b. SIGNATURE		MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 5/8/87
MPORTA		rans 122 S. Greene St		21201
		1/87 ARBUTUS MEM. PK.	BALTO., MD.	uniy stat
4014 7 (0)	FUNERAL DIRECTOR LEROY O. DYETT 4600	O LIBERTY HEIGHTS	E REC'D. BY REGISTRAR 256 REGISTRAR	



9 0 2 May -4		FOR	DE		OF MARYLAND	IEME A	Wa 3		8758		
02 MAY -8	17	STATE REGISTRAR	Der		CATE OF DEATH	KM 8	REG. NO.		3	8	4 2
		CEASED NAME FIRST OR PRINT]	MIDDLE		AS1	2a. DATE OF	DEATH M	HINON	DAY 1	FEAR 26	HOUR
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	3 SEX	.7	4. RACE	5. DATE C	F 8IRTH	6 AGE INY	ARS LAST BIRTH	(DAY)	IF UNDER		UNDER 24 HRS
s of		Female	∼ hite	7	04 170	75	P	YRS			
32 6		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	□ NEVER MARRIED □	9. BALTIMO	RE CITY OR			TH in	4/0-0
400		MD	USA	WIDOWE		130	UN'Y	Non	0	ul	y MD
ed with	10 CI	BAT TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	0-1-1-0	120 USUAL C	CEOR MOST OF	WORKING LIF	E) INDL	IND OF BUSTRY	SUSINESS OR
d be fill	USU/ 13a S	AL RESIDENCE (IF HURSING HOME OR TATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET A			5	12:	27
houl houl			timore By	more	15. MOTHER'S MAIDEN NA	200	7 MO	un	mon	20	Ferry
Selection of the select	14. FA	THER'S NAME	MIDDLE	مارا	FIRST	ΛΙΕ	MIDDLE		01.	LAST	
E C	17 .	Eugene			17 INFORMANT		ADDRES	c	H()	FIM	10
Poges Codic		VAS DECEASED EVER (N. U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV		304418	Judy Donahue	2007 H			erry	Rd.	21227
pers ol.		18 CAUSE OF DEATH (Enter on		b), ond (c).)					BE	APPROXIMA	TE INTERVAL
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ion,		Conditions, if ony, which	((b)	02.02.11.02.01							
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by to assert, cre		underlying cause last.	(6)	0.000							
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been si rmit. The prior to ony inju	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	ALLICH OBEDATIO	WAS BEDEADUED	20a AUTO	DEVA	ant IE VE	S MEDE	FINDINGS	CHEED
. SO O O SO TONY	FICA	DATE OF OPERATION	146 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED			IN CERTIF	YING C	AUSES OF	F DEATH?
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DO OF W		71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21E. HOW INJURY OCCURE	CED (ENTER NA	TURE OF INJURY	IN ITEM 18 F	PART I OR P	ART 2)	
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s the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM ETC }	211 LOCATION STREET		CITY OR TOW	N	cou	MIA	STATE
S mo		22a.1 certify that (1) (this hospi			24 19 87		-15		19 &	7 the	ot (I) (we) lost
pitol for u of He		sow the deceased alive on above. (1) (we) (did) (did no	it) view the body after death.	19. 87, or	d that in (my) (our) opinion	death occurre	d on the dat	te and hou	ond fie	om the cou	uses stated
nos iREC hed ept. them		226. SIGNATURE	I ven ma body brief doorn.	-	DEGREE	(a) _ \ \ /	A PALL		220.	DATE SIC	SNED
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TO FUNERAL should be det with the State IMPORTANT:		8. PATE			3007 5.	HV	en	VEY		37	
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(VRA 15, 4)	A	mbrose Funeral	Home Inc 132	28 Sulphu	r Spr. MAY	1/ 198	11 8				



						E OF MARYLAND			
		1.	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	9 /	13	0 4 3
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be in	2	USU		OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	1134. INSIDE CITY LIMITS?	13. STREET ADDRESS	/ 7IP CODE	
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Poges -	ae Cae	1	Yes (IF YES, G	220-3	6-6130	Joyce Nowli	n 222 Berli	n Ave. 2	1225
pers of	1		18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b)	, and (c).)			BE	APPROXIMATE INTERVAL
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The second	90		Conditions, if ony, which			ONARY ARR	EST		7 days
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by L	6		underlying cause lost	DOE TO, OR AS A COINSE	OUTINCE OF				
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0 10	17	TAT	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	70a AUTOPSY?	206 IF YES, WERE I	FINDINGS LISED
100	17	CERTIFICATION	4-2-87	METASTAT	INOM &	JAMOUS CELL	YES TO NOT	YES T	AUSES OF DEATH?
100	50	CER	2)0. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		
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Me in	E /	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
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Ath	TO TO	-		oital) attended the deceased fro	m APR	16 1 19 87		24 19 3	7 , that (I) (w/e) lost
8 54	# F	М	saw the deceased alive o	m MAY 24 1		nd that in (my) (ser) apinian			om the couses stated
Di di	E		22b. SIGNATURE	(b) view the bady after death		DEGREE			DATE SIGNED
000			M. h	160.	m	ATTENDING _	MEDICAL STA	FF	
FUNERAL Ad be der	7		224. PHYSICIAN'S NAME (TYPE	OR PRINTIE		D PHYSICIAN [DIRECTOR PHYSIC		5-24-87
NAP .	CKTA		MARK KL	-16MAN		77. ADDRESS 22	S, GREENE		
241	5	0.2			12	I GAL	TO MD	2/201	
The state of		23a l	GURIAL, CREMATION, REMOVA SPECHY) Burial			EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	COUNTY	
P	- 10	_	BUT1al INERAL DIRECTOR	5/28/87	Md. V	eteran Cem.	Crownsvi	lle Mo	d.
H - 16 60M 7	7/84	29 71	NAME	ADORE:	SS	250 DAT	E REC'D. BY REGISTRAR	Julia Desider	GIN KIRR (ALL)
(VRA 15, 4)			Chas A Rice FS	SPA 1300 Eutaw	Place		IN 2 1487	Image Pare	



3000 E. Baltimore St.; Balto., Md. 21224

FOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FIFTS OF THE VI LIBOUR FIGURE 136 - Households gertagiste 12 Lid plant for the property of the party Md --- byttmone 3534 Roble derent -21224. Anthony Therdore Lich Hurguerice --- Brandier Fes Tropes Tiller Tiller M. Cruse-1237 Old worth British and the design of the control of the contro John A. Moren, Inc. Forest Bress Jose E. Multimore St., Saito. . 1d. 21224 Call.

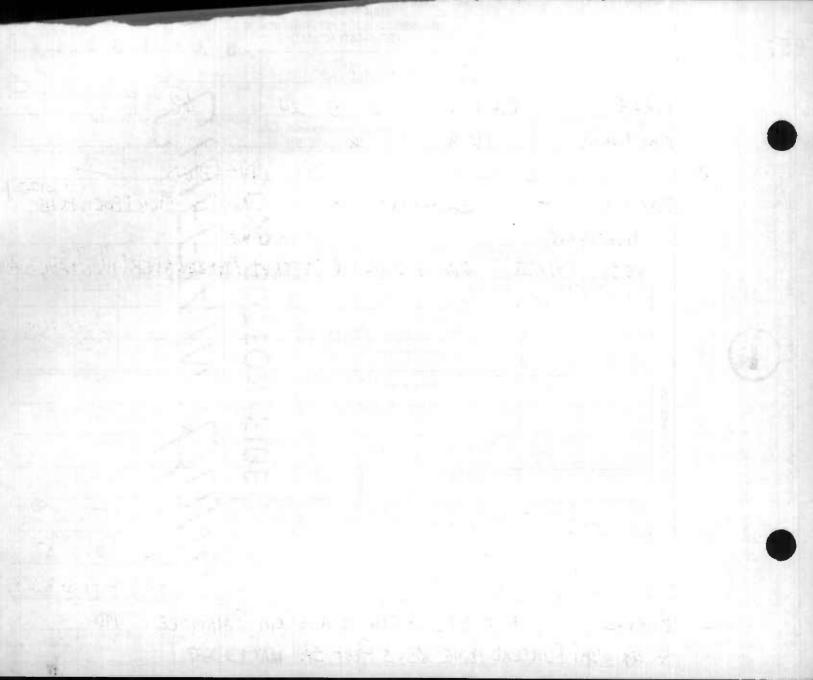
LANGUE TO A PART TANK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I-DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR TYPE OR PRINT) OF ESTI-3/ 1987 Arthur F. Oehm 6 AGE (IN YEARS | IF UNDER 1 YR. 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 26. HOUR 3 : 15 2c. DATE LAST BIRTHDAY PRONOUNCED Feb. 20, 1927 Male White 60 DEAD 1987 IN BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED THE NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED . DIVORCED Baltimore City. IO. CITY OR TOWN OF DEATH TI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Baltimore Maryland General Hospital Salesman Sales WOUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore YES X NO 4724 Hellwig Road 21206 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST H. Frederick Oehm Louise Cardwell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Yes 215-24-3978 Mrs. Doris M. Oehm Same as #13. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION WRITING THE C... ARDED TO THE C... ARE 3 SHOULD BE USED TO THE CASE 3 SHOULD BE USED TO BURIAL C. ORLOR TO BURIAL C. 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection X 22a I certify that took charge of the remains described above, held an Autopsy death resulted Frame Natural causes Accident Homicide ___ Undetermined manner LITLE (SPECIFY) DATE Assistant MEDICAL EXAMINER 5/4/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 236 LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY COUNTY Burial May 7,1987 Oak Lawn Cemetery Baltimore. Maryland 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH - 17** 5 1987 Julia Devidern Kondall Leonard J. Ruck, Inc. Baltimote, Maryland (VR A15 ME (5))

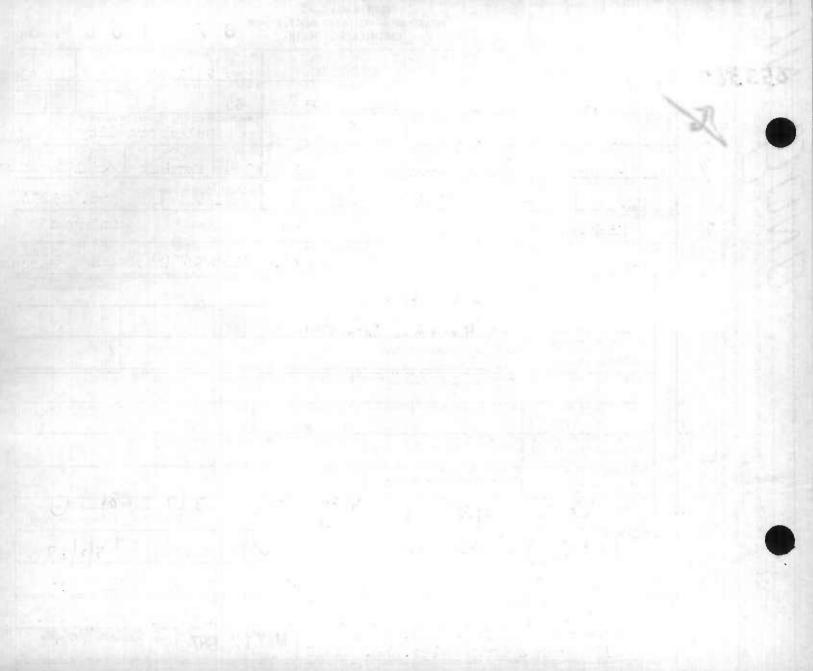
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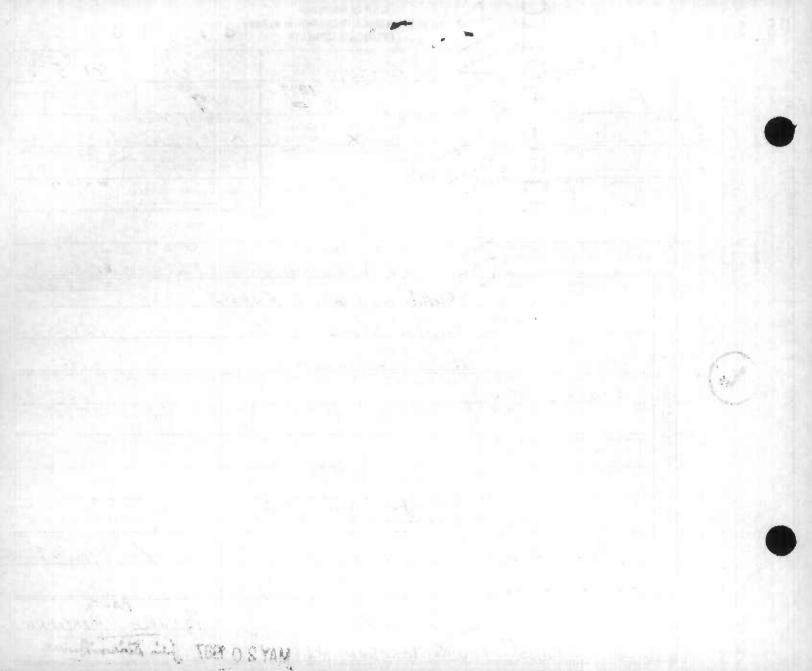
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		1	FOR - STATE	DEPARTA	NENT OF HEALTH AND MENTAL HYC	SIENE	Description of the last of the
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	m. Her p	3, SE	X	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR 1	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
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	Poor Poor	7a B	RTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR C	OUNTY OF DEATH
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	de thun	110	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	G HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION	
>4	de de de			I IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	TYPE OF WORK FOR MOST OF W	
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N E	24 fills	IM.	ARYLAND =	BALTIM	DRE YES NO [17a7 S. M	DATFORD AVE
YLA	thin thin iner	14. F.	ATHER'S NAME	1203321111	15. MOTHER'S MAIDEN NA		
et ·	p du o	1	HALLNOWN	MIDDLE EAST	UNKN	MIDDLE	LAST
E. M.		16n '	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU		ADDRESS	7076
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P	ote ysici youl.			y one couse per line for (a), (b), one	d (cv.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
三国	phy np phy an potential		PART I. DEATH WAS CAUSE IMMEDIAT	ECAUSE (0) Respirator	y arrigh		
ZANE	arbo dr.			DUE TO, OR AS A CONSEQUE			
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PRE DR	mon mot		gove rise to immediate				12
3 5	crer the	1/4	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		
8 6	or o			(c)			
0.00	nen p o buy	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART ITO
~	e chis	NO.					
RECOR	ow ramit prio	S	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		0b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
AL R	he ho	CERTIFICAT				YES NO	YES NO
 	N. T. N. T.	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PART 2)
SED	Clarification of the Clarifica	¥	OR CONTRIBUTING CAUSE OF DEA		19		
DIVISION OF	S C S C S	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
DIVISION	the but we and w	A	WHILE O NOT WHILE O	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
SE SE	ING as lith oork				10011	M. 13	- 53
	DR: DR: Hea			not pattended the deceased from			19 that (I) we last
	Pop Pop 2		saw the deceased alive an above, (1) well alid (did no) view the body after death.	d. , and that in (my) dur popinion	death occurred on the date	and hour and from the causes stated
			226 SIGNATURE	C 0	DEGREE		224 DATE SIGNED
	At He set		Youran	m derolle	M.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAL	5 (3 (8)
	L Se E D	1	224. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		
	TO HOSPIT, etained by TO FUNER, should be d with the Sto		Enhance	* Fuche MD	I have Hink	inc Hrinital 6	ico N welle St Balt M&
	Sho Sho	22-	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	1234 LOCATION	The conjunt
		5	(SPECIFY)	I was a 1 1 1	GLA CCC COME TO CREMATORY	CITYORTOWN	COUNTY STATE
	BP	D	UKIAL	5-16-87 6	OTAN 15 LAUS CEY	DALTMORE	מיון
	DHMH - 16 60M 7/84	1 /4	UNERAL DIRECTOR	ADDRESS.	250 DA	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
	(VRA 15, 4)	IKA	CZOROWSKI HUN	ERAL HOME 25	25 FIRST St. MI	Y 1 4 1987	The same factions of



	1 -	FOR STATE REGISTRAR		DEPARTA		CATE OF DEATH	IENE 8 7	0.	3 8	48
		EASED NAME FIRST		MIDDLE	· ·	NST	20. DATE OF DEATH		YEAR	26 HOUR
A 52 3/ A	(TYPE	OR PRINT) Marie		К.	0	LACCIO	May 7, 1	987		10:430
053360	3. SEX	3 97	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
e 4	1	Female	Whit	-e	Aug	0 1010	68	YRS.		MOOKS MILE.
P 00	100	THPLACE STATE OR FOREIGN		WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9. BALTIMORE CITY			
to at 1	5	Md.	U.	S.A.	WIDOWE			imore		MD.
5 1 17	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFET	INDUSTRY	BUSINESS OR
5 1 77		Baltimore	Unio	on Memor	rial	Hospital	Claims Exa	miner	Social	Securit
24 hour 24 hour must be	HUSU,	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COUR	OTHER INSTITUTION	136. CITY OR TOW Baltin	'N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 3235 E	zip CODE elham	Ave.	21213
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MAXTLAND 21200 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or oftending physician. When this certificate has been signed by the oftending physician and completely filled in bit os the burial-transit permit. Then please remove carbon papers. Paged and 2 should be into and Mental Hygiene prior to burial, cremation, or removal. In and Mental Hygiene prior to burial, cremation, or removal. Orked or Item 18 shows any injury, or other traumatic event, the medical examiner must be ordered from the medical examiner.	14. FA	Michael	MIDDLE	Vogel	Re-	15. MOTHER'S MAIDEN NA/	WIDDLE		unkn	own
the second secon		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR		3\	same
Pog		no	- WAR ON DATES	220-03	-0395	Nicholas	Olaccio	(husb		addres
sALI ote to spers vol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse pe	r line for (a), (b), on	d (ci.)				BETWEEN	MATE INTERVAL
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y the death ce remove corb cremotion, or the troumotic			DUE TO, C	R AS A CONSEQUE	ENCE OF	c fin			1 3 3	
		Conditions, if ony, which gove rise to immediate	(b)_	Mocordi	01 71	itenctim				
W. Pl not the by the sse ren C. crem		cause (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUI	ENCE OF				227	
s the		PART 2. OTHER SIGNIFICANT	(c)	ONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	UNIAL DISEASE OR CON	IDITION GIVE	I INI DADI VI	
cos, 20 quires signe Then p to bur njury,	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ON KIBOTING TO	DEATH BOT	NOT RELATED TO THE TERM	THAT DISEASE OR CO.	.DITION CIVE	THE TAKE THE	
been mit. T	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
hos hos ows o	l ≝	15 34 740					YES NO	YES	NG CAUSES	NO [
CIAN: The physicion rifficote h ol-tronsit prolifyguer mail 8 show	E E	210. ACCIDENT WAS UNDERLYING	110110 4	OF INJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	T 1 OR PART 2)	
SICIA mg ph properties of the mg	CAL	OR CONTRIBUTING CAUSE OF DE	AIH	.M.	19					
IVISION OF The Contending photos certification is the buriol-to and Membel wheelves the condition of the con	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY	FARM, ETC.)	211 LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
NG NG Sther os the	-	AT WORK NOT WHILE AT WORK				1, 1-2,1		0	51-	
NOI of or use Heolinis me		22a. I certify that (1) (this hosp sow the deceased alive or	7	he deceased from_	20	nd that if (my) (our) opinion	deoth occurred on the	. 19	0.00	that (I) (we) lost
ATTE Osputh Osputh CCTC d for ft. of m 21		above, (1) (we) (did) (did no	ot) view the body	vatter death		DEGREE	deoth occurred on the c	late ond houl	22t. DATE	
OR A DIRECTOR DIRECTOR DEPT.		22b. SIGNATURE	Endo	ider mi		ATTENDING PHYSICIAN	/MEDICAL _ STA		THE DATE	187
by the by the ERAL edet control Store	-	224 PHYSICIAN'S NAME (TYPE	1 2001	Good, Mil		PHYSICIAN D	DIRECTOR PHYSI	CIAN	1 2/1	18/
TO HOSPITAL O retoined by the TO FUNERAL D should be detoch with the Stote DR IMPORTANT. If I		Dr. Nea		dlander			Paul Plac	e Sii	ite	32A
show with	730	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	1234 LOCATION	54		JEEL
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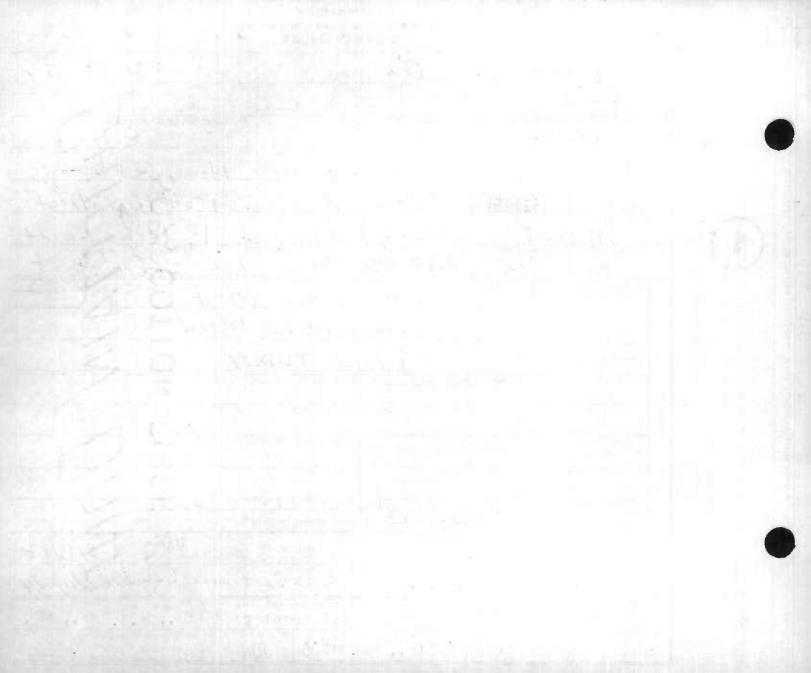


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422111	3	FOR STATE REGISTRAR			HEALTH AND MENTAL HY	0 /	1 3	8 4	4
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72 hou	7a. B	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? B.	IED NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
7/		Russia	USA		VED DIVORCED	Balling	DAL CYT	V	MD.
Miled William		ITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI		L KIND OF BUSINES	SOR
41		Baltimore	Singi	Mosostal		Housew	ife	at hor	ne
o o o o	USU 130.	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION GIVE	CITY OR TOWN	1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	7 IP CODE 7	#2/2/5	Ţ
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d 2 sh	14. F/	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE		Ap	t-A
5 6 C		Elias		Anshell	Fannie	WIDDLE		Unknown	
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the the		18. CAUSE OF DEATH (Enter of			JD. Rach II	CIIMAN 410	Z GICSCI	APPROXIMATE INTERVA	
movel.		PART I. DEATH WAS CAUS	SED BY:	Capdian	a chelon v X	mast		BETWEEN UNSET AND DE	HIA
rbo r re fic e	-	IMMEDIA	ATE CAÚSE (0)	4/2/10/2	Proposition of	12/2			_
omo		Conditions, if any, which	DUE TO, OR AS	A CONSEQUENCE OF	6-2			in Vins	
tro		gove rise to immediate	(b)	25 X 1 1 8	TWO X. E.			12/1/20	_
other		cause (0), stating the underlying cause last	DUE TO, OR AS	A CONSEQUENCE OF	Nocidosis			15 hos	
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J Colu	N	Sepennel	ATRO nh	A STATE OF THE STATE OF	THO RECATED TO THE TERM	WINAL DISEASE OR CON	JIION GIVEN I	N PARI IIO	
a à	Ā	19a. DATE OF OPERATION		N FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?	20h IF YES, WE	RE FINDINGS USED	
	E						IN CERTIFYING	CAUSES OF DEATH	?
0 5	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF IN.	JURY	21c HOW INJURY OCCUR	YES NO	YES 🗍	NO 🗍	_
		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M.	MONTH DAY YEA		CEMIEN MATURE OF INJUN	THE HEM TO PART	JA PAR (Z)	
Mento or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF IN	19	211 LOCATION				
ope	A.	WHILE NOT WHILE		ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	wn (OUNTY STA	TE
nork		AT WORK AT WORK			1/2	Mens	//	2	
Her		220.1 certify that (I) (this has sow the deceased alive a	. 1 7	7	and that in (my) (our) appaign	, 10	. 19_	, that (I) (we	,
2 o E		abave, (I) (we) (did) (did n	nat view the bady after	death.	and that in (my) (our) opinian	death occurred on the do			d
Dep If the		THE SIGNATURE	W 61		DEGREE	MEDICAL STAF	6	220 DATE SIGNED	
\$ Z		Mistrel 1	K. MUY	n	PHYSICIAN [.6/16/8/	
RTA RTA		THE PHYSICIAN'S NAME ITTE	OHPAINT)		22e ADDRESS	1 1		/ /	
should be deto with the State [IMPORTANT: If		KobeRT K	Keby		Sinai Ide	sp,791.			
w > =	23a. E	URIAL, CREMATION, REMOVA	L 236 DATE		CEMETERY OR CREMATORY	23d. LOCATION	BA	LTO. STAT	TE
		Burial	May 17	87 Bobr	oisker	z Rose	DALF.	MARYLAN	D
6 60M 7/84	24 FI	JNERAL DIRECTOR	Tir	0,		TE REC'D. BY REGISTRAR	25b. REGISTRAR	SIGNATURE	
15, 4)	00	L LEVINSON 1 8	ROS -6010	REISTERS	OWN RO MA'	v2 n 1987	when diese	or. Kendall	

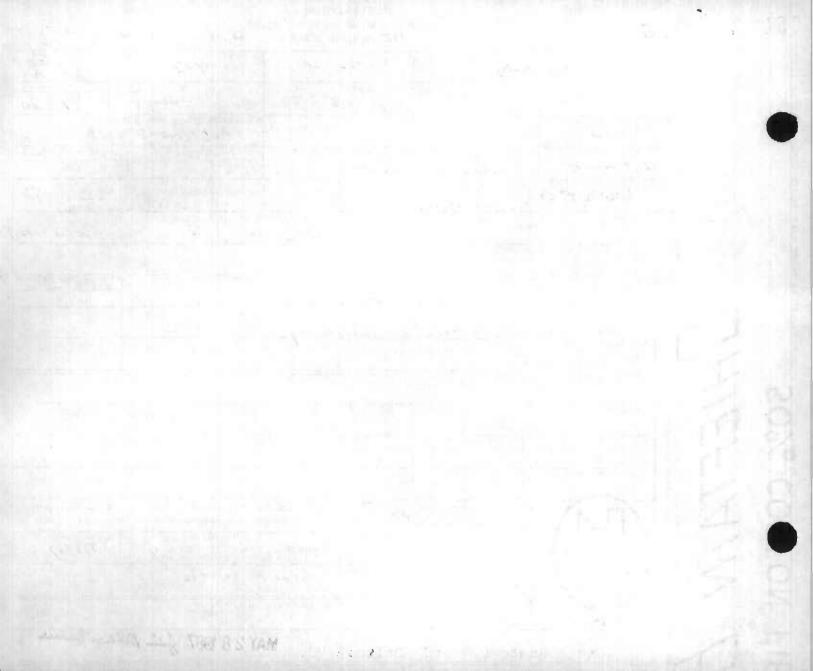


Funeral

(VRA 15, 4)



8 2.7 JUN -1	STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 / REG. NO	13351
	DÉCEASED NAME FIRST TYPE OR PRINT) GIAL	Baby	OPEKU - LART	20 DATE OF DEATH	AONTH DAY YEAR 2 HOUR 2 120
as offer po	SEX Female	RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 5 8 87	6. AGE (IN YEARS LAST BIRTH	HOAY) IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. YRS.
10 oct 10	COUNTRY) USA	L CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIA	COUNTY OF DEATH
11 38	BALT INORE	(IF NOT IN SUCH FACILITY, GIVE STREET AS	DRESS)	12a USUAL OCCUPATIO	
130 M	SUAL RESIDENCE (IF NURSING HOME OF CO. STATE (Mother 1997) Md FATHER'S NAME HIRST MR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A TY Barcity or Town Balto		13e.STREET ADDRESS / 4811 2-B	Linsey Road
とという	WAS DECEASED EVER IN U.S. ARM		ITY NO. 17 INFORMANT		OPOKU-LI
S. Pong		WAR OR DATES)			APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
been signed by the attendin mit. Then please remove cort prior to buriol, cremation, or ony injury, or other troumotic		DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO DI	ICE OF	MIN AL DISEASE OR COND	DITION GIVEN IN PART I 10
he le los hos ows	E DATE OF OFERATION			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
HYSICIAI ading ph nis certifu buriol-tr I Menfol i or Item 1	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	19 211. LOCATION	RED (ENTER NATURE OF INJUR)	
ATTENDING spiral or oth CTOR. After Ifor use as the of Health or 121 is marke	220 I certify that (1) (this hospite sow the deceased alive an above, (1) (we) (did) (did not)	view the body ofter death.	, and that in (my) (our) opinion	deoth occurred on the do	, 19, that (I) (we) lo te and hour and from the causes stated
O HOSPITAL OR / etoined by the ho TO FUNERAL DIRE; should be detoched with the Stote Dept MPORTANT: if then	22d PHYSICIAN'S NAME (TYPE OR	Name of the latest terminal te	ATTENDING	MEDICAL STAFI	5/8/5
HE TATO	NI				
Od Odd W	Bo. BURIAL, CREMATION, REMOVAL	236. DATE 23c. N.	AME OF CEMETERY OR CREMATORY	23d LOCATION	



	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENES 7	13855
0 3 2 3 4 11.17 13	1 DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
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5 oc od op	3. SE	x 12121	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
ofte.	C	200	111-	MONTH DAY YEAR	Do	MONTHS DAYS HOURS MIN.
oge oge	7	IMLL	WHILE	APRIL 29, 1908	9	YRS
4 2 4 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	~	RTHPLACE STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	S BALTIMORE CITY C	R COUNTY OF DEATH
deoil deoil		ARYLAND	U. S.M.	WIDOWED DIVORCED		nors Lity MD.
he fi	10 C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	
by the	B	ALTIMORE L	32 KENNET	H SQUARE	CARPINI	SR BETH. SUSI
212 hour hour be f		AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY		ADMISSION)	La STREET ADDRESS	17 CODE 217 1
ND 24	6	ARYLAND		N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS	LONSTH SQUARS
MARYLAND ed within 24 ond 2 should exominer mus	14. Fz	ATHER'S NAME	INHAIII	15 MOTHER'S MAIDEN NAM	WE .	THE HOUSE
AR I will be	0) - FIRST MIC	DOLE	SK: MARTHE	WIDDIE	Milla LAST
	160.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU		ADDR	, UCHATKISMILT
BALTIMORE, be executed and an annual and an annual		YES NO OR UNKNOWN) IF YES, GIVE W		TO THE COMMAN	ρ	
TIM S. P. S.	7	0	110 210	SAIL FAMILY	KECOR	
BAL		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	one couse per line for (a), (b), an	d (es.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E 4-32-3		IMMEDIATE	11./. 1	hi Concurrent 1	carelyee	440
PRESTON ST. decay conding a conding			DUE TO, OR AS A CONSEQUE	NCE OF		
STO		Conditions, if any, which	(b)	ance of		
8		gove rise to immediate				
A 2 2 2 4		couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUI	ENCE OF		
201 pless print,			(c)			
DIVISION OF VITAL RECORDS, Sate of the low require sate of the low require sate of the low require the the set of the low require by the bound-transit percent. There is and Mental Hygiene prior to but and Mental Hygiene prior to but arked or hem. It shows any injury.	Z O	PART 2 OTHER SIGNIFICANT CO	NOTITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(0
0 111170	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
2 11259	띹				VECT NOT	IN CERTIFYING CAUSES OF DEATH?
A 电影音音号十	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURR	YES NO	YES NO
FVI		OR CONTRIBUTING CAUSE OF DEATH		AY YEAR	ED (ENTER NATURE OF INJU	RY IN ITEM IS PART I OR PART ?)
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OIS THE PART OF A	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
IN Of Page	_	AT WORK AT WORK				
D T T T T T T T T T T T T T T T T T T T		220 I certify that (I) (this hospital	ottended the deceased from_	1985 , 19		2, 19, that (I) (we) lost
2 2 2 2 2 2		sow the deceased alive on	4/20 19	7_, and that in (my) (our) opinion of	deoth occurred on the d	ate and hour and from the couses stated
41 7111		obove, (I) (we) (did) (did not) v 22b. SIGNATURE	new merdday offer death.	DEGREE		22t. DATE SIGNED
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4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	100	226. PHYSICIAN'S NAME ITYPE OR PI	PINIT	220 ADDRESS	DIRECTOR PHYSIC	TAPIT 1981
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01 0413		DR. HRI HUR	H. DERPIC	11640 90	ORK NO	AD - lowson
E C MOSTERNE	230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	B	URIAL	5 11 1987 5	K9220L.T	TEXAS	BALTO. MO.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS	25 40RK 250. DATE	E REC'D. BY REGISTRAR	356 REGISTRAP'S SIGNATURE
(VRA 15, 4)	5	VAOS CHAPE	LOFCH : MES	ROAD MAY	1 1 1987	Julia Dender Radalle
		1 1111	22: 7:11: 12	TRICI		

MORY 102 OAKDALE AVENUE EDNA SCHOENFELDER CATONSVILLE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH mondin PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED 2 WEST UNIVERSITY PARKWAY, BALTIMORE, MD. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY BURIAL 5/9/87 LOUDON PARK BALTIMORE MARYLAND 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES P.A. who Davidon 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

126 KIND OF BUSINESS OR

STEWART & CO.

LAST

21228

IF UNDER 1 YEAR

INDUSTRY

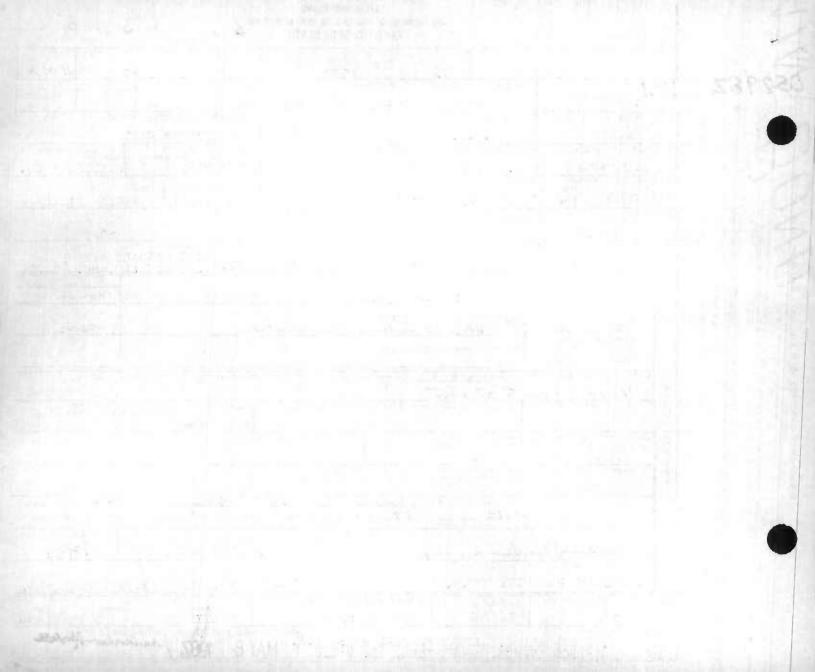
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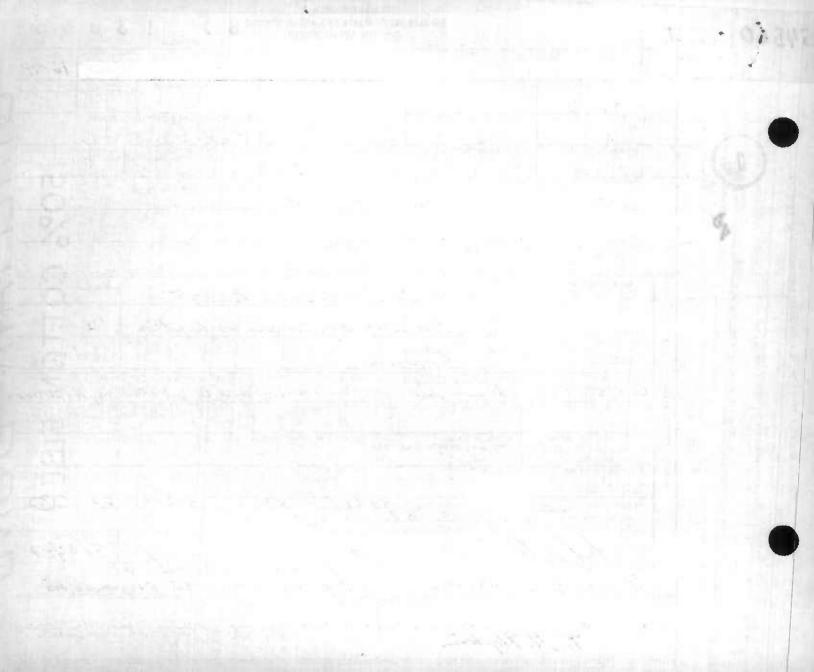
IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

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O	S CERTIFICATE RITING THE W ROED TO THE E 3 SHOULD E DÉPARTMEI OI PRIOR TO	MEDICAL	CONTRIBUTI	NG CAUSE OF	DEATH	7 P.N	۸. 5	9 1987	M	otorcy	clis	t in	coll:	ision	with	aut	.0	100	
N S	CER 35	MED	21d. INJURY C	NOT WHILE AT WORK	ž 2		OF INJURY			CATION		94	CITY OR TO	WN	C	OUNTY		STATE	
	WR WAR		AT WORK	AT WORK		roa	nd			. 175	& Oal	kton	Rd.			A.A.	Co, I	MD	
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	AN HE HE HE	1	death result	ed fram: Nati	eral causes	. 11	Accident	XX Sui	cide	. Homi	ide	Undet	ermined me	onner].				
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	SHE SHE	2	SIGNATURE.	Truck	-0-	001	1	3 400	^	ASSI	LSCAII	L_MED	ICAL EXAM	AINER	SIGN	ED	5/10	101	
	MEDICAL EXAMINER: THIS CERTIFICATE ECUTE THE CERTIFICATE, WRITING THE WEE 4 SHOULD BE FORWARDED TO THE PRUNEAL DIRECTOR; PAGE 3 SHOULD TER DEATH, WITH THE STATE DEPARTMENT THE S		EXAMINER'S (TYPE OR PRI	NAME Mai	rgari	ta A.	Kore	11, M.	D.	ADDRESS_	111	Penr	st.	Bal	to.MD				
	PAGE A	23a.B		TION, REMOVAL	236 DATE		23c. 1	NAME OF CEM	NETERY C		DRY	23d. LC	CATION			UNTY		ATE	
07/84	BP			rial	5/14	4/87	Me	.Vete	ran	's Ce	100			svil.	le		M	-	
25M	DHMH - 17	24 FI	NERAL DIREC	TOR		ADDRESS					256 DATE				GISTRAR'S				
	(VR A15 ME (5))	W	Illiam	Reese	& S	ons 1	anna	olis	Md.		M	AY 1	1 198	1 gu	ha Das	nder.	· Kando	MA.	

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STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

LEROY O. DYETT 4600 LIBERTY HEIGHTS

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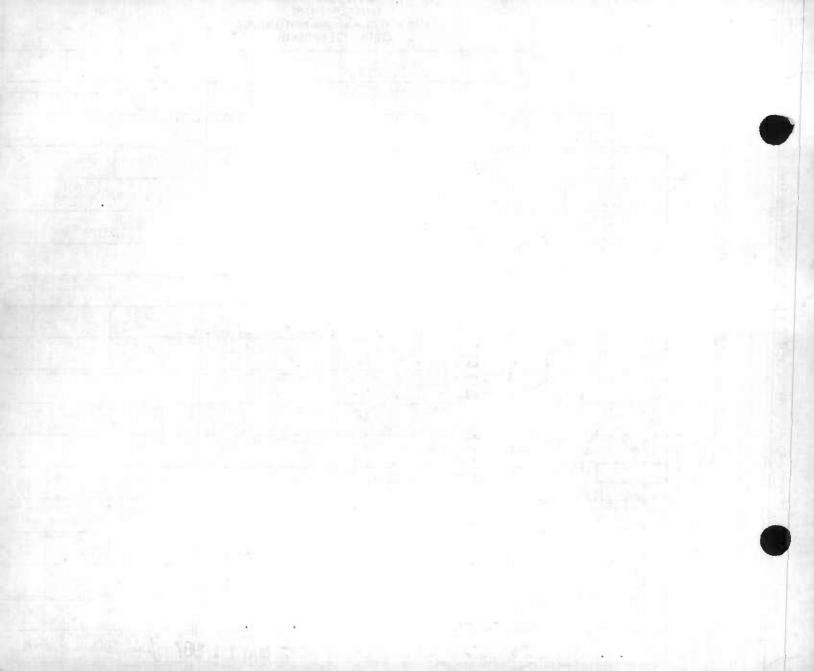
24 FUNERAL DIRECTOR

MARYLAND NATIONAL LAUREL, MARYLAND

124 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNAL

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5 3	1 8 2 MAY 13	17- FOR STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH	ENE /	1 3	ಕ ಕ	8				
	40.00	1 DECEASED NAME FIRST	MIDDLE	LAS	ST .		MONTH DAY	YEAR 2	b. HOUR				
	ay be age 3 death	PEARG	IE 1	PADGET	T		5 5	87	м				
	E C =	3 SEX	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTE	MON'		FUNDER 24 HRS				
	Page 4 director hours aft	FEMALE	BLACK	MONTH 9	22 1901	83							
	death. Po	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) SOUTH CAROLIN	The CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	X NEVER MARRIED D	CITY	ORE CITY OR COUNTY OF DEATH						
102	by the fulfilled with	BALT IMORE	11. NAME OF HOSPITAL, NÜRSII (IF NOT IN SUCH FACILITY, GIVE STREET 1907 NORTH	AVENUE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIF	126. KIND OF BUSINESS OR INDUSTRY						
AND 213	n 24 hav	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOI INTY 130 CITY OR TOV BALT IM	ÖRE		13e STREET ADDRESS 1907 NOR	E. 21	217					
MARYLAND	ond 2 sh	14 FATHER'S NAME FIRST ERNEST	FIRST MIDDLE LAST FIRST MIDDLE										
IIMORE,	Poges	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (1F YES, GI	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	URITY NO.	CHART	ADDRE	SS						
5T., BALI	ertificate ig physicic conpoper removal.	PART I. DEATH WAS CAUS	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) A CUT PM O CATALUL LIGHTERN ON:										
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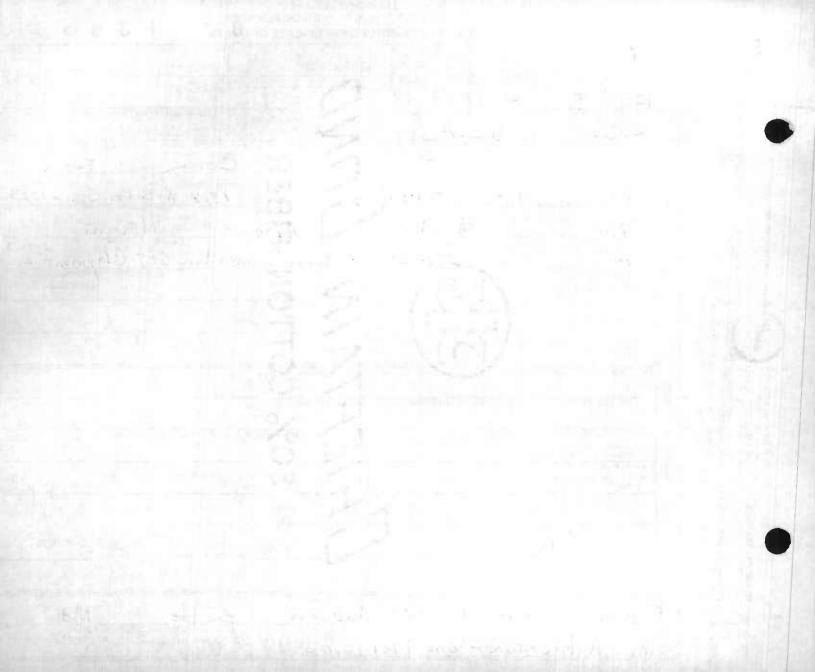


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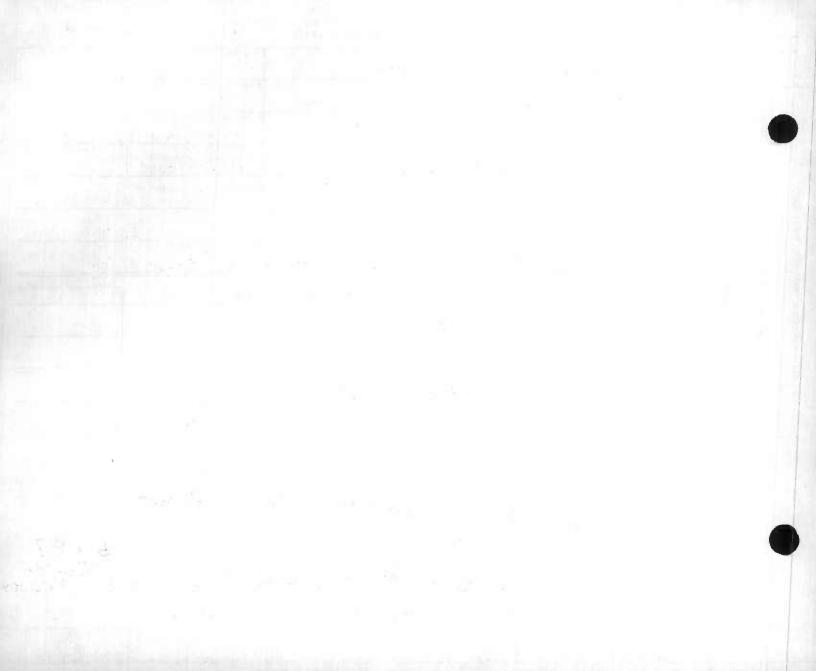
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN TX MONTH DAY (TYPE OR PRINT) OF ESTI-PALMER MARGIE 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. 3. SEX DATE OF BIRTH IF UNDER 24 HRS DATE FUNERAL DIRL MONTH LAST BIRTHDAY PRONOUNCED 7:30A. 5-12-870 63 DEAD YRS 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED S Baltimore City DIVORCED [FILED, V ID CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS 1818 W. Baltimore Street AGES 1, 2, AND 3 TO T RM PM 3. RETAIN PA 1 AND 2 SHOULD BE F 1 OK-VILAL RECORDS (2) Baltimore Food -00 K 3a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) N. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cirrhosis of liver IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ED AS A BUR HEALTH AND AL, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION **USED AS** 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? CHEAD SONLY) 98 E 3 SHOULD E DEPARTMENT OF YES 😾 NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10 21e PLACE OF INJURY (AT HOME. 211. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 22a I certify that I taak charge of the remains described (HEADIDONLY) X Inspection death resulted fram: Natural causes Homicide Undetermined monner TITLE (SPECIFY) 5-12-87 DATE Assistant SIGNATURE MEDICAL EXAMINER SIGNED 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 16 BP 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

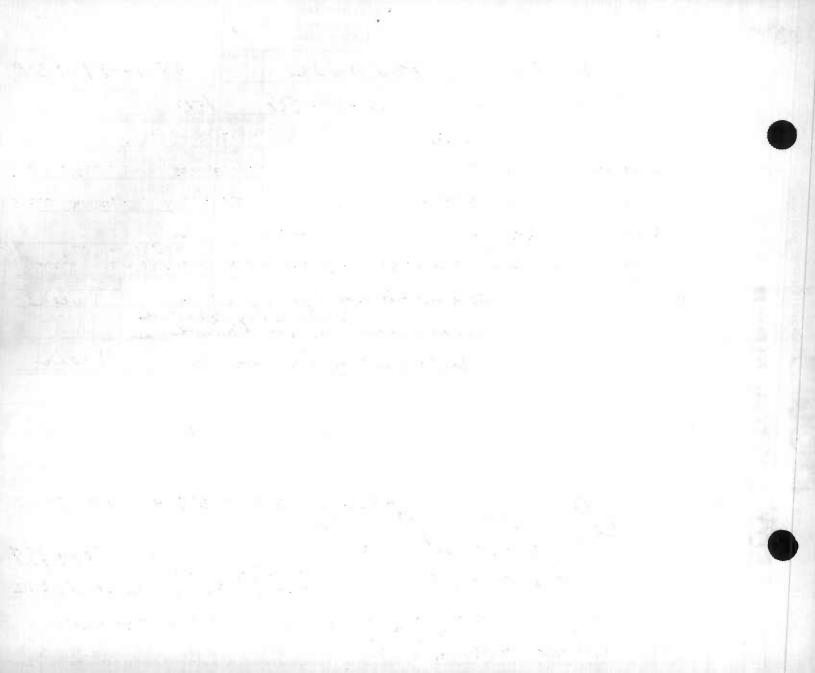
STATE OF MARYLAND



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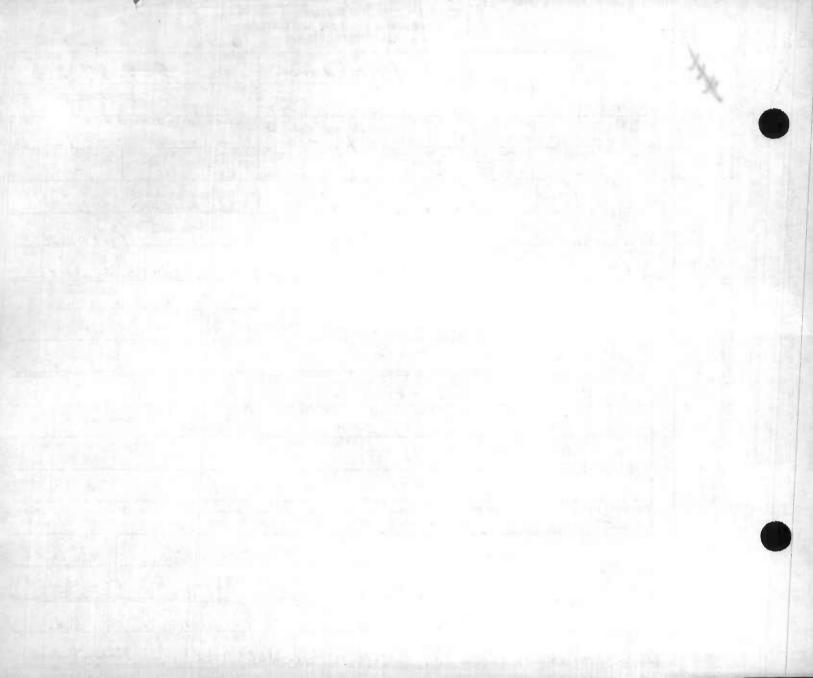
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME 4ELEN (TYPE OR PRINT) 4. RACE A AGE (IN YEARS LAST BIRTHDAY) 3. SEX White 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? COUNTRY U.S.A. Russia Baltimore City DIVORCED [CITY OR TOWN OF DEATH 126 KIND OF BUSINESS LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Mercy Hospital Seamstress Tailoring Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 130 STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? Maryland Baltimore 4310 Valley View Avenue 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Jacob Lutzenko Agatha ADDRE Baltimore, MD. 60 WAS DECEASED EVER IN U.S. 166 SOCIAL SECURITY NO 17 INFORMANT 213-48-4165 Nadja Buchar 4310 Valley View Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
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S INC. | Properties | Baltimore City | Maryland | Properties May 18,87 DIPPEL FUNERAL HOMES, INC. DHMH - 16 60M 7/84 7110 Belair Road un Devider Pandage Baltimore, MD 21206 (VRA 15, 4)



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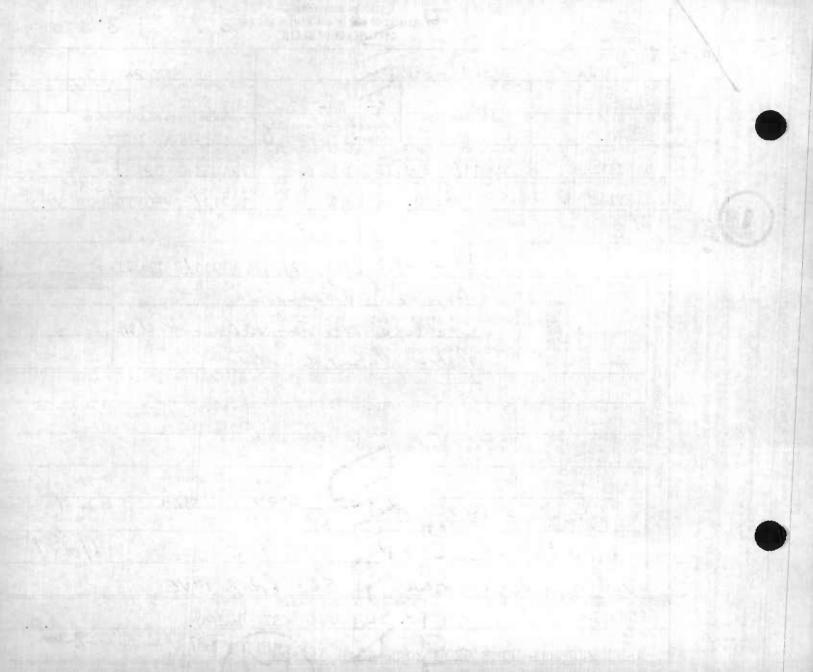
STATE OF MARYLAND

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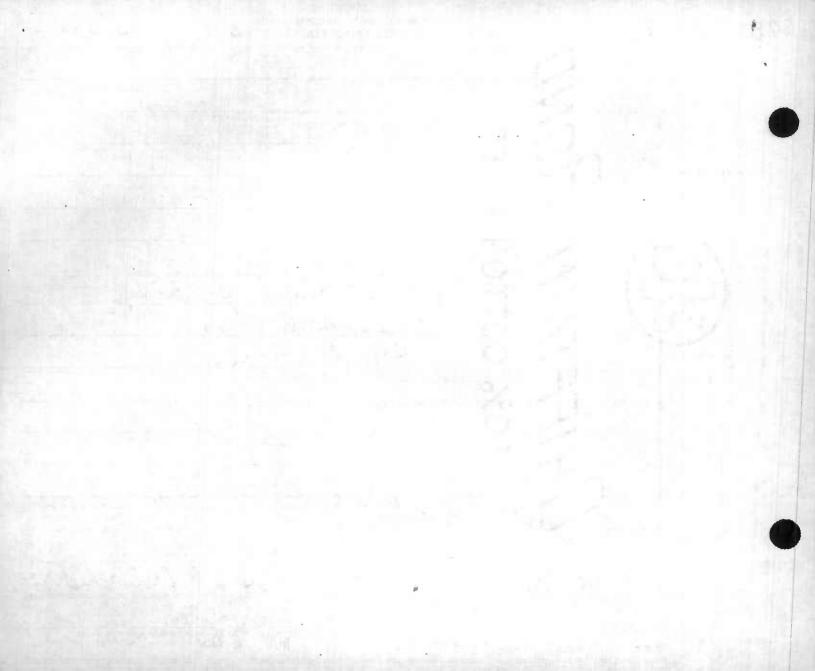


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DECEASED NAME DAY YEAR 2h HOUR TYPE OF PRINTI JAMES HENRY PARKER MAY 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX MONTH YEAR MONTHS DAYS HOURS BLACK 29-1904 " BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED BALTIMORE ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE PROVIDENCE MACHINE OPER MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21211 13a STATE 36 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MARYLAN BALTO YES A 0011 PROVIDENCE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST MIDDLE MAGGIE ARKER W. PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 6-10-PARKER 10011 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF to Brain stem CVA Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE underlying couse lost 201 Q. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION 0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a ACCIDENT WAS UNDERLYING 21h TIME OF INILIRY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK 22a I certify that (1) Whis hospital) attended the deceased from_ that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 10 did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL STAFF Should be deto with the Stote PHYSICIAN/ DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS THEIMER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL CITY OR TOWN COUNTY STATE CEMETERY BP 250. DATE REC'D, BY REGISTRAR 350. DEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS NAME (VR A 15 (4))

REDD FINERAT, HOME 5209 YORK BOAD



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	46	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7	1 3 8	5 6 6
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24 hour	136 S	AL RESIDENCE (IF NURSING HOME OF LATE 13b COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13 CITY OR TO Baltim	WN	13d. INSIDE CITY LIMITS? YES TO TO	134.STREET ADDRESS /	zip code Ramblewo	ood Rd. 21:
d within ond 2 spr		THER'S NAME George Heuter	MIDDLE LAST		15. MOTHER'S MAIDEN NAM			LAST
Poges 1	160 W	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 214-03		John B. Parl	ADDRE	ame	
thot g by eose ol. c		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSELL	UENCE OF			2000	
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MPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

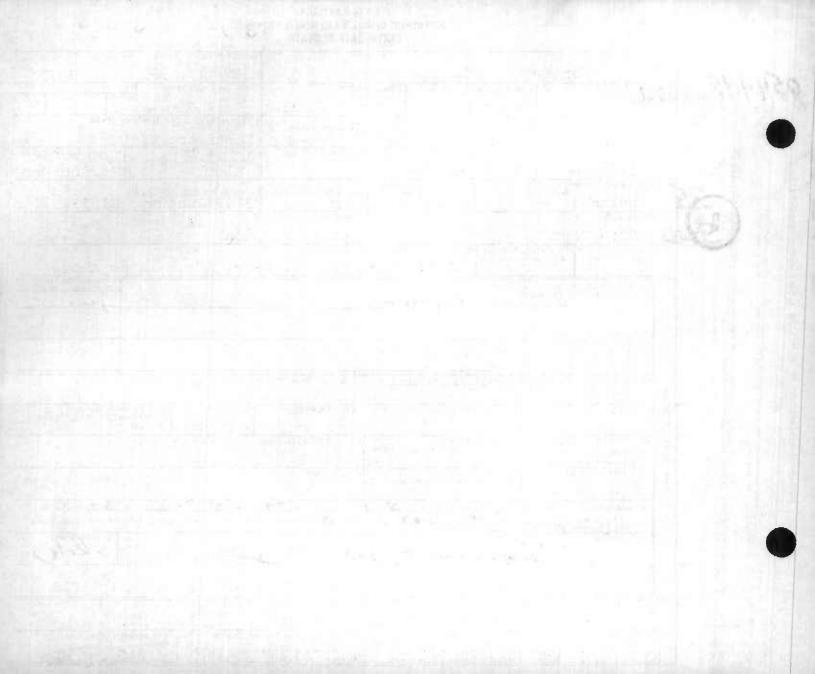
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3 SE)	X* ~**	4 RACE		S. DATE C	F BIRTH	6 AGE (IN YEAR		IF UNDER TYEAR	IF UNDER 24 HRS
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(Marvland	USA		MARRIE	DI DIVORCED		more Ci		MD.
	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OC	CUPATION	1th KINDIC	Pensatze de
	Baltimore	3409	Juneway	7		Cler:	R MOST OF WORKING (I		ce Dept
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I4 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM		AIDOLE	(A)	ST
0	Andrew Parr				Della Mani				
16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		
]	YES NO OR UNKNOWN] (IF YES, GIV	-	216-14	1-303	2 Mary E. P.	arr,Wi	fe, same	as ab	ove
	18 CAUSE OF DEATH (Enter or		line for (a), (b), an	id (c).)	THE RESERVE OF THE RE			BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	e-oly	soma				Ike	63
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	Conditions, if ony, which	((b)_							
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	underlying couse last.	(c)							
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	R CONDITION GI	VEN IN PART 1	0
MEDICAL CERTIFICATION									
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Ü	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	110110 1	FINJURY M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATUR	E OF INJURY IN ITEM 18	PART I OR PART 2)	
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	sow the deceased olive on obove, (M)(we) (did) (did no	wiew the body		7, or	d that in (our) opinion o	deoth occurred o	on the date and had	ond from the	couses stated
	22b. SIGNATURE	1			DEGREE	3445		22c. DATE	SIGNED
	//	pou		- 2	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	> (2(8)
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			E man	
	George E.	Lowe,	M.D.		3703 Belai:	r Rd,	Balto, 1	Md. 21	213
	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATIO		40.00	
(Burial	5/23	3/87 [ulan	ey Valley	B	alto, Me	d.	STATE
24 E1	INERAL DIRECTOR		2001				ICTDADIASE DECIC		THIRE

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

3331 Brehms FUNERAL HOME, Balto, Md. Lane 2121 SCHIMUNEK

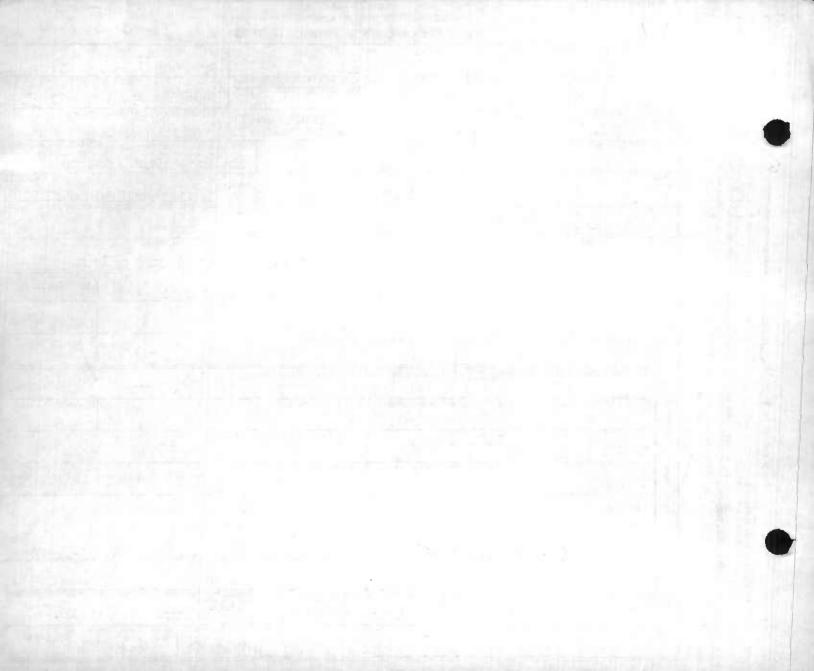


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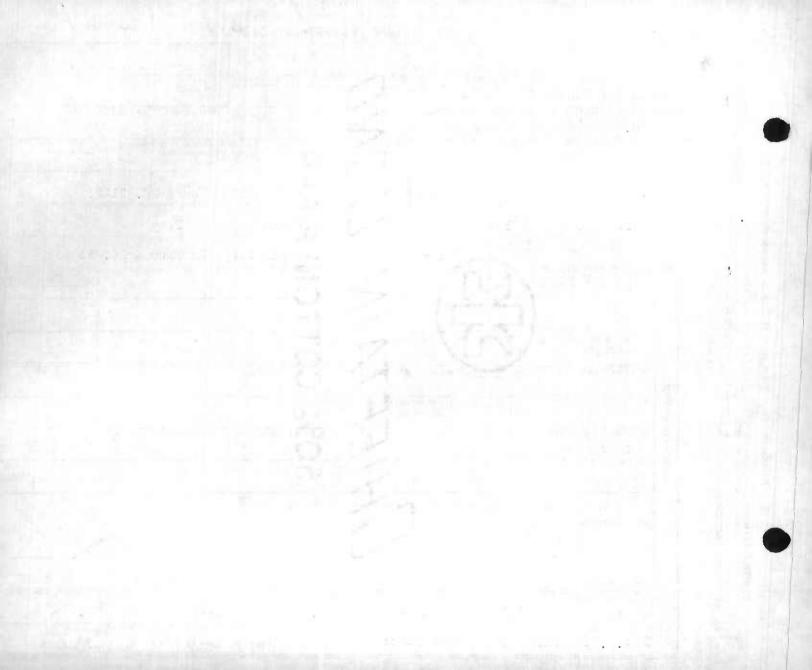
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DIVIS THIS GER E, WRITINE RWARDED PAGE 3.5 STATE DEP		AT WORK	AT WORK											
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EXAMINER: CERTIFICATION BE FOR FORECTOR: AMARYLAND		death resul	ted fram: Natur	al causes .	Accident	Su. Su	ıcıde .	Hamic	-		ned manner	٦.		
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TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH TIL	73n I		TION, REMOVAL 2			IAME OF CEA				23d LOCA				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH "REGISTRAR REG. NO . DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH DAY 2b. HOUR (TYPE OR PRINT) 15 CHARLES BERNARD PEARCE. MAY 6 4 RACE 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH YEAR male 8 White 15 37 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MARYLAND AU.S.A. WIDOWED 120 USUAL OCCUPATION CITY/OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Electrician TREW OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE ARBUTUS: 732 Aldgate Green FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST CHARLES В. PEARCE MINNIE RERTHA BOUCHAT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) YES, NO OR UNKNOWN 219-32-4192 Carolyn F. Pearce 4841 Melbourne Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES T NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) ∞ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE 22a I certify that (1) (this haspital) altended the deceased from ond that in (no our) opinion death occurred on the date and hour and from the causes stated THE SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 226. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b MANNET 230. BURIAL, CREMATION, REMOVAL 73d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BP. Cremation Security Process Crem Catonsville Baltimore 24 FUNERAL DIRECTOR 25% DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 4107 Wilkens Ave. Hubbard Funeral Home, Inc.

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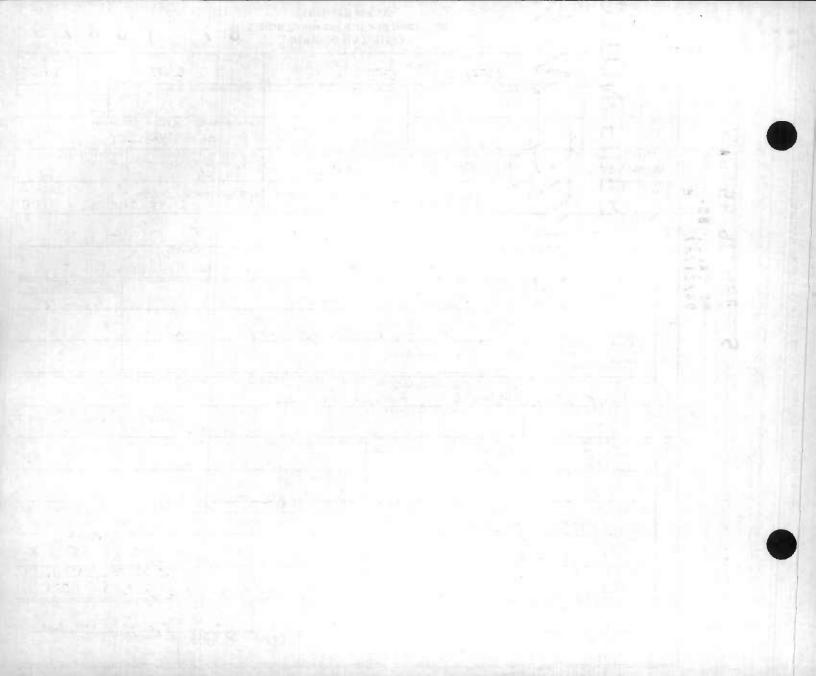


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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 28 DATE OF DEATH MONTH I. DECEASED NAME 2b HOUR TTYPE OR PRINTS ecelin TheresA PEPON MAY 8, 1987 5;22A A AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 24 HRS HOURS 1915 JAn. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12s USUAL OCCUPATION 12b. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE THE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CO 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT SOCIAL SECURITY NO (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARDTOPULMONAR min IMMEDIATE CAUSE 10). DUE TO, OR AS A CONSEQUENCE OF Metastatic ademo carcinoma Canditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [216 TIME OF INJURY 21m ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE STREET NOT WHILE 220. | certify that (1) (this hospital) attended the deceased from and that in (my (our) opinion death occurred on the date and hour and Iram the causes stated obove (I) we idid add not view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN 22d PHYSICIAN'S NAM 22e ADDRESS ORT 230 BURIAL, CREMATION, REMOVAL 236. DATE S CEMETERY DHMH - 16 60M 7/84 (VRA 15, 4)

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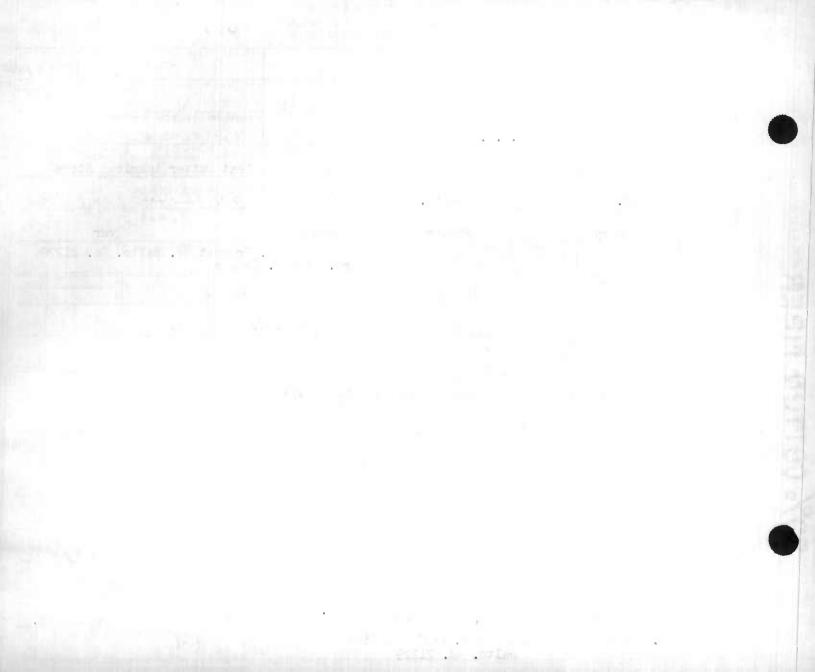


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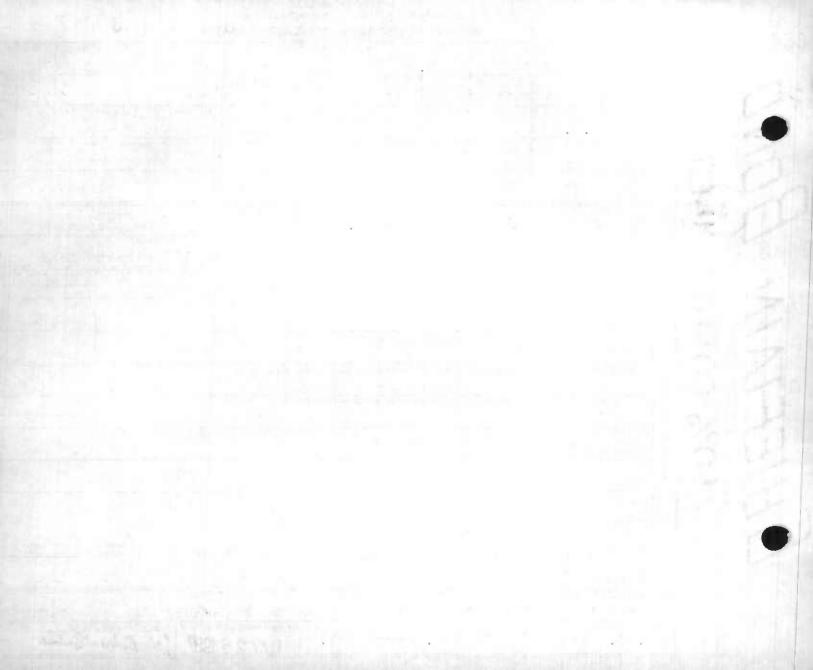
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE + STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR LIVPE OR PRINTS IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX MONTH 06 BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY To BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Ltinove U.S.A. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION A CITY OF TOWN OF DEATH HE NOT IN SUCH FACILITY, GIVE STREET ADDRESSIL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Meat Cutter American Store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Balto. Md. YES I NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EMONI MIDDLE LAST FIRST Emory Dorthea Phelps Bver 11 N. Tremont Rd. Balto. Md. 21229 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mrs. Vida B. Phelps no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? e d NO YES [NO [210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE SUMMER 220.1 certify that (1) (this hospital) attended the deceased fram, that (1) (we) last sow the deceased alive on_ and that in (ny) (our) opinion death occurred on the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
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STATE OF MARYLAND



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within 24 hours ofter

executed

death

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

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nding physician and carbon papers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior to Gurral, scemation, or removal.

IMPORTANT: If hem 21 is marked or hem 18 shows

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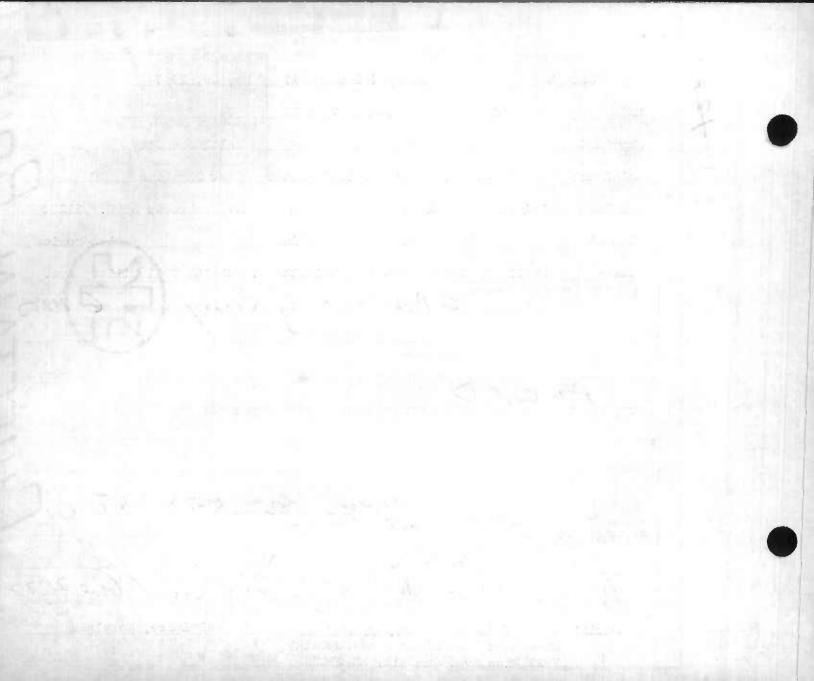
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	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNATION	(b)	r as a con	SEQUENCE OF	NOME S	MINAL DISEASE OR CON	DITION GIV	VEN IN PART II	0	
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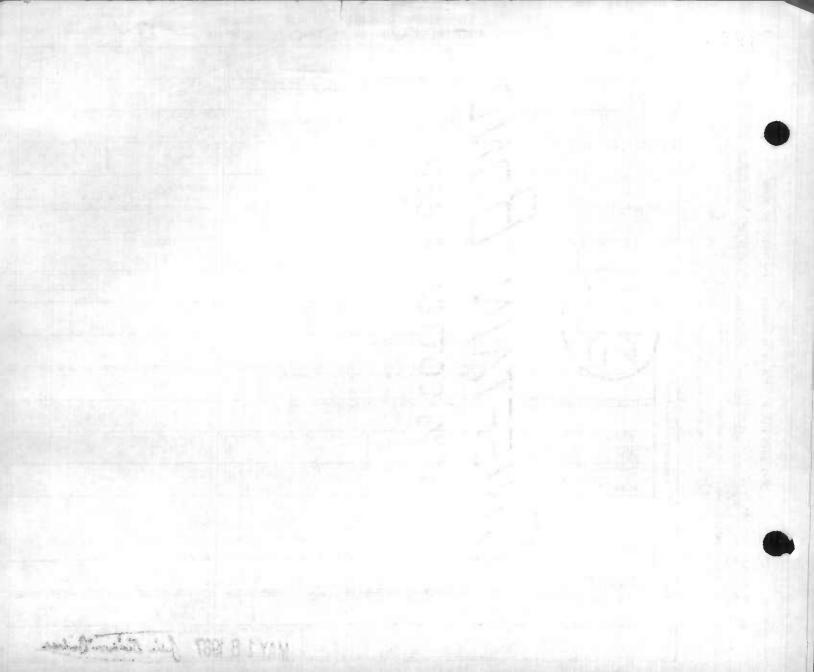
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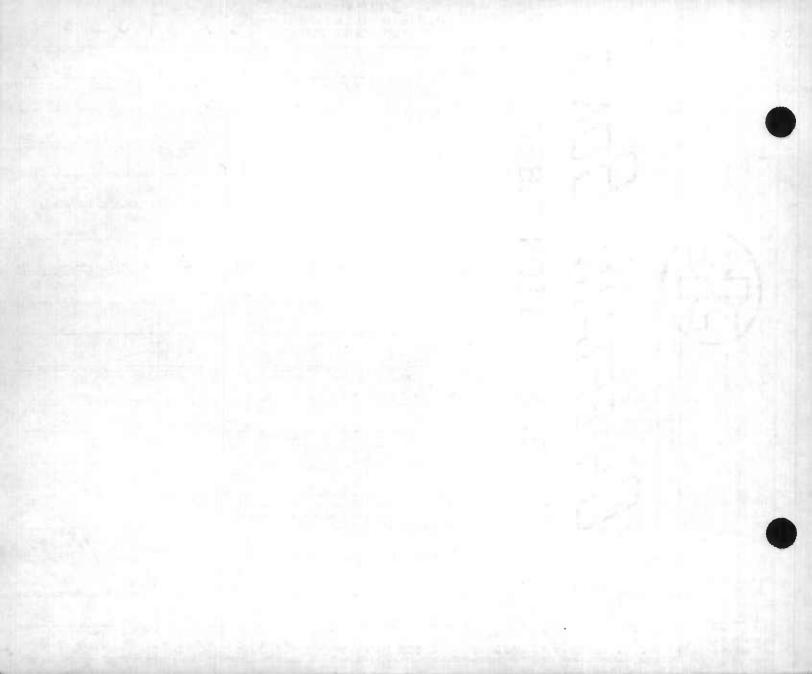
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 986 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME KNOWN X MONTH (TYPE OR PRINT) ESTI-Karess Pitts DEATH MATED 1087 14 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DAY 7d HOUR DATE YEAR (AST BIRTHDAY) PRONOUNCED 6:217 87 9 4 187 Black DEAD Female 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH IN RISTHPLACE ISSAULCE MARRIED NEVER MARRIED FORTION COUNTY USA Baltimore City WIDOWED DIVORCED III. CITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS Bon Secours Hospital FOR MOST OF WORKING (IFE) OR INDUSTRY Baltimore ISUAL RESIDENCE (IF HI HUMSHO ATTIME DW DTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Balto. DE STATE DIMEDUNTY 13d. INSIDE CITY LIMITS? 2700 W. Franklin St. Md. 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE Leslie Pitts Anderson eslie 17 INFORMANT ADDRESS 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) IYES, NO. OR UNKNOWN) 2700 W. Franklin Leslie Anderson N/A 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Sudden Infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CRETIFICATE, WINTING, THE WANDERS & SHOULD BE FORWARDED TO THE CHII TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIQR TO BURI YES K NO 210 EXTERNAL CAUSE WAS 21h TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY of the remains described bbay 77s: I certify that held an Autopsy Inspection Inquiry death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 5-14-87 M.D. Assistant MEDICAL EXAMINER SKINATURE 111 Penn St., Baltimore, MD 21201 EXAMINER'S NAME Charles P. Kokes, M.D. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23h DATE 23d LOCATION STATE Burial 5/19/87 Cedar Hill Cem. Anne Arundel 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** C March F/H West 4300 Wabash Ave. (VR A15 ME (5))



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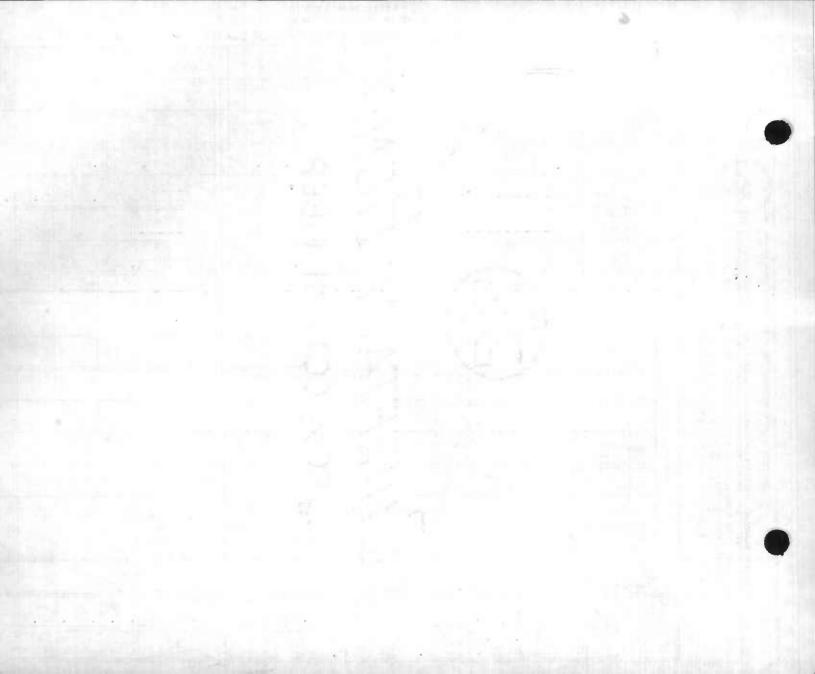
054939 JUN	٠j.	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE B	1 3	d	ઢ ડં
		CEASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DEATH MO	ONTH DAY	YE AR	26 HOUR
noy be page 3 prage 3	(ITTE	OR PRINTS	IRENE			P	LATT	MAY 26	, 1987	1	2 A M
moy . pa	3. SE	X	4	RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHD	AY) IF UND		IF UNDER 24 HRS
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102	В	ALT IMORE	1	SINAI	HOSPITAL	DDRESS	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W CASHIER	ORKING LIFE) 12b.	KIND OF DUSTRY DRUG	FAIR
AND 21:	130.	AL RESIDENCE (IF NURSING TATE MARYLAND	BALTI	1	13t CITY OR TOWN BALTIM		13d INSIDE CITY LIMITS? YES NO A	13 STREET ADDRESS / Z 4367 CRESTH	EIGHTS	RD. ((21215)
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be reco		VAS DECEASED EVER II YES, INDO UNKNOWN)	U.S. ARME (IF YES, GIVE V		212-20-3		MRS. SHEILA	ADDRESS ISRAEL 5961	,	1209) RD.,	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certificate has been signed by the attending physician. Wher this certificate has been signed by the attending phose she burial-transit permit. Then please remove carbonia the and Mental Hygiene prior to burial, cremation, or rema orked or them 18 shows any injury, or other traumatic even orked or them 18 shows any injury.	NO	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which ediote the lost	DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NAL DISEASE OR CONDIT	TION GIVEN IN	PART IIO	Idea
TAL RECOIT The low recion.	CERTIFICATION	196. DATE OF OPERATI		196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES D NO	Ob. IF YES, WERE N CERTIFYING O YES	CAUSES O	
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R ATTENDI hospital or RECTOR: A red for use spt. of Heol		22a. certify that (I) (sow the deceased above, (I) (we) (did	alive on	5/:	22 198		d that in (my) (our) opinion of	eath occurred on the date			
HOSPITAL Oned by the FUNERAL DId be detacl on the State Do ORTANT: If It		22d. PHYSICIAN'S NAM	AE (TYPE OR P	AFT (3mi)	ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL		5/20	5/F7
TO HOSPIT retained by TO FUNER, should be d with the Sto	23a. B	Leonar JURIAL, CREMATION, R	MOVAL	COT Z	m)	AME OF C	IN Slade A	1 Venue	913	8 04	
BP		BURIAL		5/27/			TIFERETH ISR	CITY OF TOWAL	DALE	A T CTO	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR NAME 010 REISTER	SOL L	EVINSO	N & BROS.	.INC.	25a. DATE	REC'D. BY REGISTRAR 256 AY 2. 8. 1987	REDISTRARIS	ALTO	MD

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1 4 1	10 mil 21		CEASED NAME FIRST		WIDDLE		251	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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1	poge deat	3 SE		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER : YEAR	IF UNDER 24 HRS
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	and in the		ITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURS		OR OTHER INSTITUTION	120. USUAL OCCUPATI	ION	12b KIND OF	BUSINESS OR
10	by the		Baltimore	(IF NOT IN SUC	HEACILITY SIVE STREET	JICK		"HOUSEWIFE	WORKING LIFE)	INDUSTRY	
ND 212	filled in must be	130.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUNTY)		GIVE RESIDENCE BEFO 13c. CITY OR TO' Baltimo	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE Avenue	21217	7
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BALTIMORE	Pers ol.		18 CAUSE OF DEATH (Enter on	ly one couse per	line for io), (b), a	nd (c).1				APPROXIM BETWEEN ON	NATE INTERVAL
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	n signi Then pritable injury,	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Tra	
DIVISION OF VITAL RECORDS,	has been permit.	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIII YES	WERE FINDING NG CAUSES C	GS USED OF DEATH?
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VISIO	ond and ked	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE	FARM, ETC }	STREET	CITY OR 10	WN	COUNTY	STATE
ā 3	ar Aft		22a certify that (I) (this haspi	tal) attended th	ne deceased from			to			hat (I) (we) last
2	TOR TOR SF He		sow the deceased alive on		19		nd that in (my) (our) opinion i	death occurred on the d	ote and hour a		
	REC REC		above, (1) (we) (did) (did no 22h_SIG+11 URE	view the body	offer death.		DEGREE			22c. DATE S	IGNED
	the stack of the s		Shew my	On me	2	n	ATTENDING PHYSICIAN	MEDICAL STA		5-2	6 20
Tig	by State	1	22d. PHYSICIAN'S NAME (TYPE O	R PR(NT)	0		22e ADDRESS	J DIRECTOR PHYSIC	IAI4 [12 1	.010/
0	retained by TO FUNERAl should be de with the State IMPORTANT:		Dr. Wilson	1	Mark Str.		700 W. 40th	Street			-47
-	5 5 4 3 ₹		BURIAL, CREMATION, REMOVAL	23b. DATE	10-		EMETERY OR CREMATORY	23d LOCATION		COUNTY	57.476
	BP		(SPECIFY) Burial	5/22/	8/ 5	wan Po	oint Cemetery	Provider	nce	Rho	de İslan
Di	HMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		ADDRESS		25a DAT	E REC'D. BY REGISTRAR			ME
U	(VRA 15, 4)	1	A. Alan Seitz, 3	r. 3818	Roland	Ave	21211 MA	Y 1 9 1987	Julia Di	cordern K	Addis
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STATE OF MARYLAND

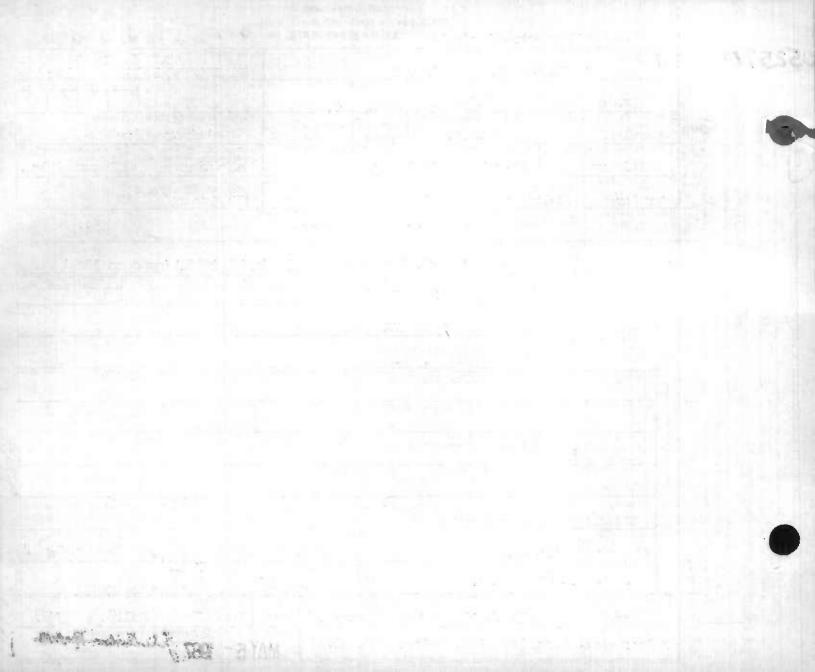
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1 01-2	FOR 6/15/87, Gbj. DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. TO. 3	3 8 /
106 Juli -	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN \(\triangle \) MONTH DA	AY YEAR 26. HOUR
ICCESSARY, PLEASE INERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	Tarry H. Plott DEATH MATED \$2 5 13	3 19 87 M
ON STRE	3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24 DATE MONTH DATE OF BIRTH 100/11/1948 38 BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 5 13	AY YEAR 2d HOUR
37	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary Land 16. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OR C	
20	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12b. FOR MOST OF WORKING LIFE)	KIND OF BUSINESS OR INDUSTRY STEET
33	JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE MARY Land 136 COUNTY BALTIMORE 136 STREET ADDRESS YES A 1220 William St.	21230 Balto.Md.
20	4 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE	LAST
561	Harry Flott Sallie	Jennings
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IFE YES, NO, OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 217-46-1452 Mrs. Sallie Carnathan. Same	
	NO 217-46-1452 Mrs. Sallie Carnathan, Same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	as above
Leading of services	IMMEDIATE CAUSE (o) Narcotic intoxication Conditions, if ony, which gave rise to immediate cause (o) stating the under-lying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
I PRORTO BURIAL, CREM	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	D AUTOPSY?
3	198. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216 216 EXTERNAL CAUSE WAS UNDERLYING OR Primary HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN LITEM 18 PART LON PART 2) Subject used drugs	YES NO
	UNDERLYING OR COUNTRIBUTING CAUSE OF DEATH P.M. 5 13 19 87 Subject used drugs 718 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK NOW HOUSE 10 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) 4 W. Clement Street Baltimore,	Maryland
BALTMORE, MARYLAND, 21	EXAMINER'S NAME William W Zane, M.D. ADDRESS 111 Penn St. Balto.M	5/13/87
15	230. BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN BURIAL 5/16/1987 Glen Haven Mem. Park Glen Burnie, A.A.	CO Wd
7	24 FUNERAL DIRECTOR Balto. Md mores 230 230 250, DATE REC'D. BY REGISTRAR' SIGN.	
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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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3 4 5 4	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE												
	- STATE REGISTRAR Walter John Plucinski CERTIFICATE OF DEATH O REG. NO. 3 8 8												
570 W-	1 DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH (TYPE OF PRINT)									1 9 8 7 26	HOUR		
poge deo	3. SE		TER J.	PLUCINS	SKI Is. date o	C DIDTU	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS						
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24 hour			or other institution. UNITY Ltimore				15? 13e	STREET ADDRESS /	ZIP CODE 7/ 21222	2			
thought 2 to		THER'S NAME				15. MOTHER'S MAIDEN			/				
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ding physic prbonpope or removal		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) CARDIO RESPIRATORY ARREST PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CANCER OF LUNG METASTATIC CANCER OF LUNG											
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in he low r hos bee it permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY?	20b IF YES, WE IN CERTIFYING	, WERE FINDINGS USED YING CAUSES OF DEATH?			
CIAN: The physicion of		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.A	M. MONTH D	AY YEAR	21c. HOW INJURY OC	CURRED						
ottending ter this ce is the buri	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C			211. LOCATION STREET		CITY OR TOW	, n	COUNTY	STATE		
pritol or CTOR: Affor use of Health		22a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did	on	MAY 4198	MAY 37, one	d that in (my) (our) opin		, to MAY	4 19_8 te and hour and	37, that	(I) (we) lost		
ITAL OR A yy the hos RAL DIREC detoched tote Dept.		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR											
TO HOSPITA retoined by TO FUNERA should be de with the Stot		A. F. NAZE	MI, M.D				N. TIMO		ZLAND	21231			
BP	(SPECIFY) Burial Burial	236 DATE 5/7/19			METERY OR CREMATO		23d LOCATION CITY OF TOWN Dundalk	Ba1t	UNIY	Md.		
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director alter Brooks Bi	cadley, I	nc. Balt	.o., Mc		MAY	5 - 1987	SH REGISTOARS	s signa	de		

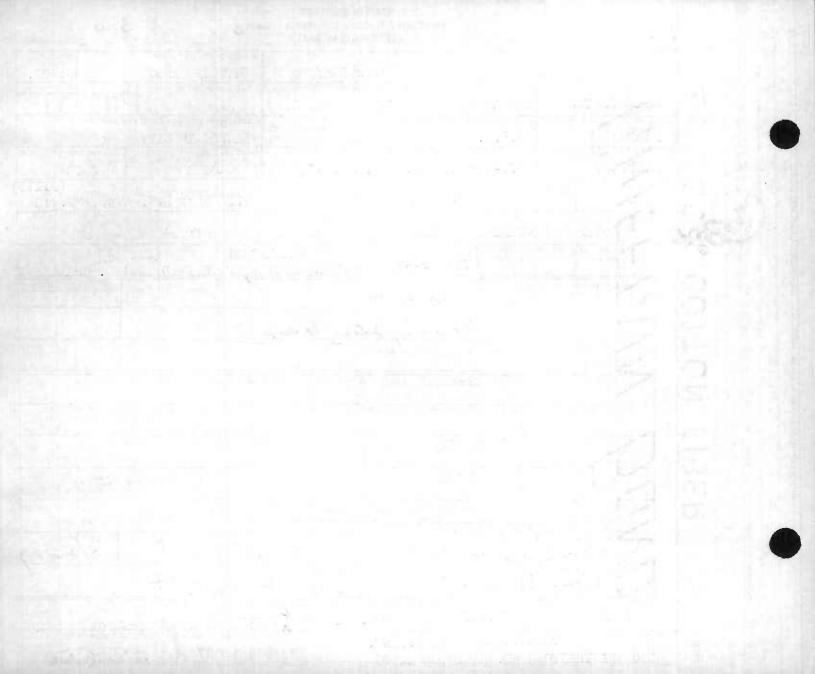


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hen please remove to buriol, cremation jury, ar other troum	Z	Conditions, if any, gove rise to imm couse 101, statin underlying couse PART 2 OTHER SIGN	nediote ig the lost.	(c)_	R AS A CONSEQUE		NOT RELATED TO THE	E TERMINA	L DISEASE OR	CONDIT	TION GIV	EN IN PAR	ST 1101	
ws any ir	CERTIFICATION	90 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED							200. AUTOPSY 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO NOT					DEATH?
he burial-transit nd Mental Hygie ed og them 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDO OR CONTRIBUTING (IF EITHER, NOTIFY MEDIO 210. INJURY OCCURE WHILE NOT WHO	CAUSE OF DEA	P. 21e PLACE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, F	19	21¢ HOW INJURY OF		(ENTER NATURE	_	IN ITEM 18 F		RT 2}	STATE
AL DIRECTOR: After letached for use as t ite Dept. af Health o It: If them 21 is marke		22a.l certify that (1) sow the decease obove (1) the (2) 22b. SIGNATURE	this hospi	1	- /		nd that in (my) (our) op DEGREE ATTENDIT PHYSICIA	ING _ M	h occurred on	STAFF		19 8/		t (I) (we) lost ses stoted
should be de with the Stat		220. PHYSICIAN'S NA WILLIA		HICKEN,			22e ADDRESS St. Agn	nes Ho	1 = 3		F-3	2	1229	/
F 5 5 ≤ [SURIAL, CREMATION, SPECIFY) Buria	1	23b, DAJE 5/4/87	Me	adowr	idge Mem Pa	ark .	Baltimo	ore		Howar		Mohite
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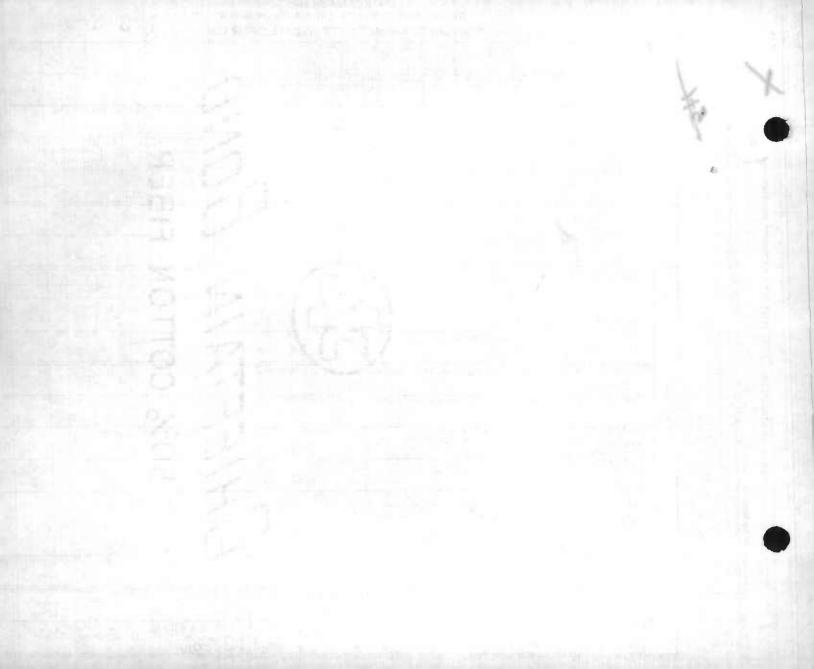
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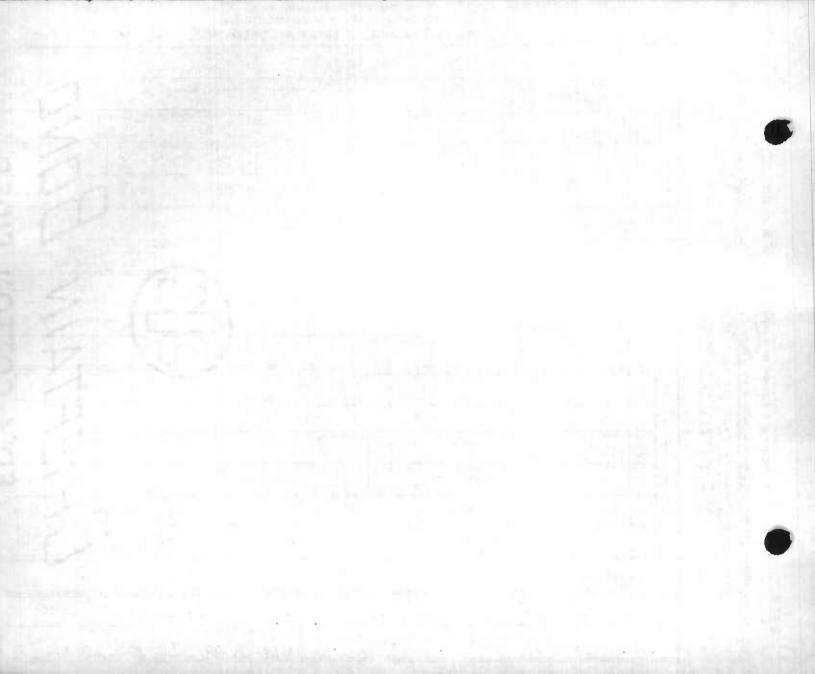


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE KNOWNX 7h HOUR (TYPE OR PRINT) OF ESTI-1987 Pollard Larry 1:34 P. M 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED 1987 22 4 45 DEAD black 9 BALTIMORE CITY OR COUNTY OF DEATH THPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Y DIEIGN COUNTRY) DIVORCED Baltimore City CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Baltimore Branch Manager Md Nat Bank Welcome Do. STATE BL COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 113 Welcome 21201 Md NO [Allev 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Pollard Sarah Christopher Lee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) Roberta Smith 4106 Hanwell Road Yes 212-44-6312 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT.
AFIER DEHT, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DAIL INORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Gunshot wound of head (revolver) DUE TO, OR AS A CONSEQUENCE OF Canditions, il ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART F. I.O. Acquired Immune Deficiency Syndrome 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOK 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR Self inflicted 1087 CONTRIBUTING CAUSE OF DEATH 21ª PLACE OF INJURY 211. LOCATION STREET FACTORY, FARM, ETC.1 113 Welcome Alley WHILE AT WORK home Baltimore City MD of the remains described above held an Autopsy 22a I certify that I turk Suicide X death resulted free Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 5-6-87 M.D. Assistant MEDICAL EXAMINER SIGNATURI EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn St., Baltimore, MD 21201 (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Md 5/12/87 Westview Cemetery Catonsville Cremation 07/B4 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Č. March F/H West 4300 Wabash Avenue (VR A15 ME (5))

STATE OF MARYLAND

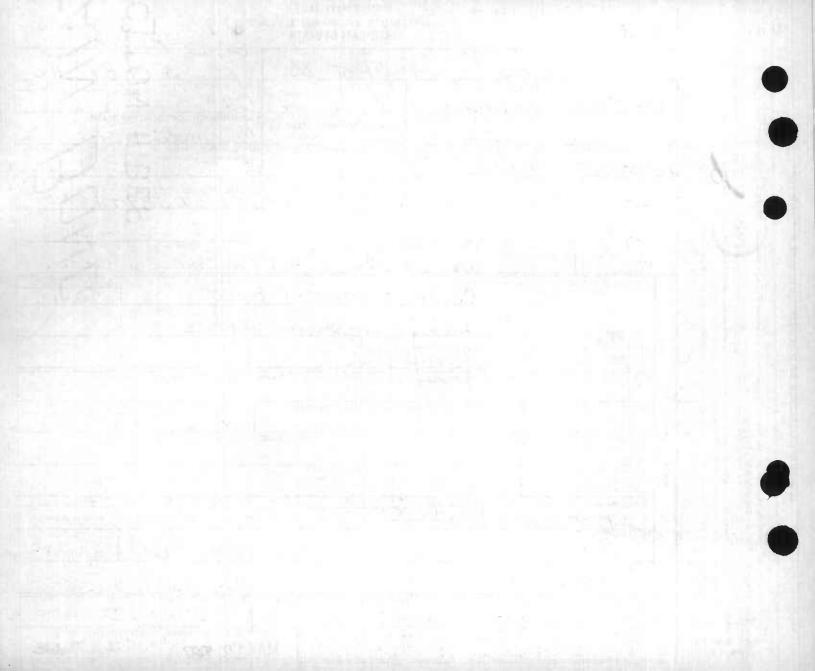


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23	PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMATION		B DATE		23c N	AME OF CE	AETERY O		DRY	23d. LO	CATION		60.00		
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202 GREENE STREET-CUMBERLAND, MARYLAND 21502

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

BOREGISTRAP 256 REGISTRAPS SIGNATURE

FOR - STATE CERTIFICATE OF DEATH - REGISTRAR REG NO DECEASED NAME MICOLE 20 DATE OF DEATH 26 79450 P MONTH YEAR LITYPE OR PRINTS Margaret powe Mau 8. 1987 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF LINDER 2 LMPS MONTH DAY AONTHS DATS HOURS. BLACK FEMALE 23 63 6 10 YRS TA BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY U.S.A. WIDOWED N.C DIVORCED | MD IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR LIE NOT IN SUCH EACHITY GIVE STREET ADDRESS! UNEMPLOYED INDUSTRY Baltimore Maruland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INS 13a STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / 7IP CODE 13d INSIDE CITY LIMITS? BALTIMORE MD. YES NOF 2228 ETTING STREET 21217 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MICOLE BELL MASSEY BESSIE GEORGE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES. NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! FRED POWE 2228 ETTING ST. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY Extensive Acute Muocardial Infarction IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Marked Pulmonary Edema Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER PM 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC I STOCKT COUNTY STATE NOT WHILE 22a. I certify that (Ix(this hospital) attended the deceased from May 8 19 87 May sow the deceased alive on May 8 obove, (f) (we) (did) (did not) virillating the first of the state of the sta ond that in (m) (our) opinion death occurred on the date and hour and from the couses stated 226 SIGNATURE DEGREE 22c DATE SIGNED S. Larondelle ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRIME 22e ADDRESS c/o Maryland General Hospital S. Larondelle M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY BURIAL BALTIMORE MD . STATE 5-14-87 BALTIMORE

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24 FUNERAL DIRECTOR

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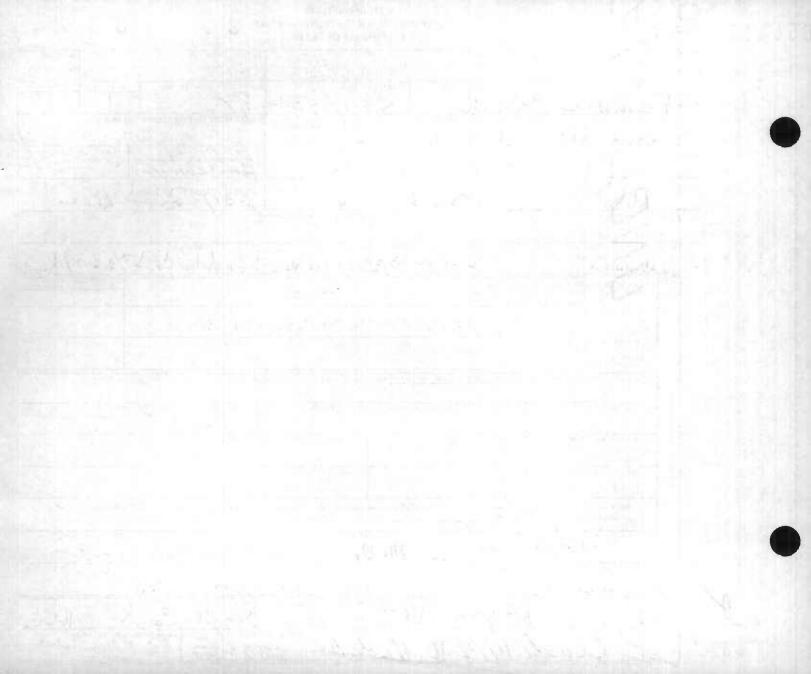
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ulia Scordern-Ras



Burial 5-12-87 Holy Rosary

and the second of the second second of the s

Baltimore, 4d.

walter Dabrowski - 1005 Dundalk Ave. 21224

March F/H West 4300 Wabash Avenue

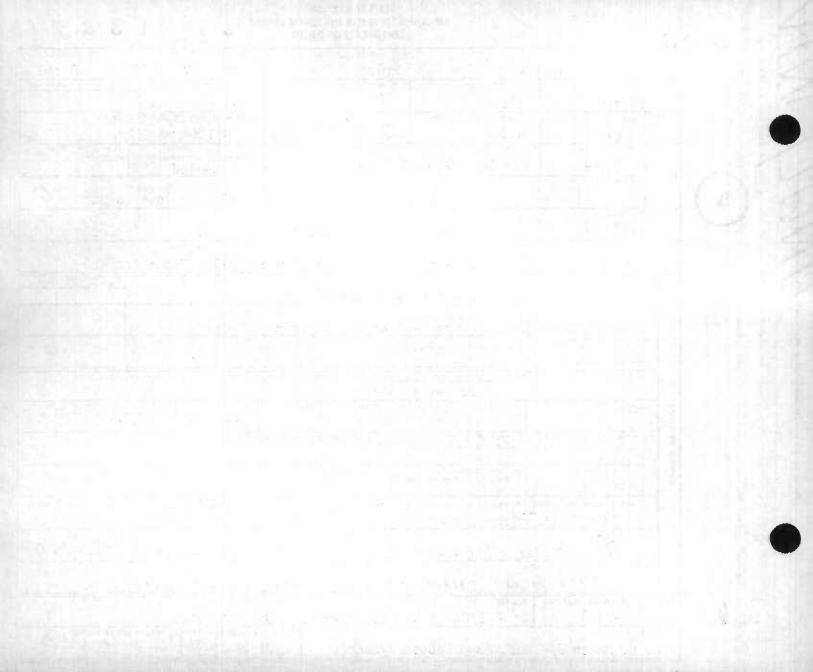
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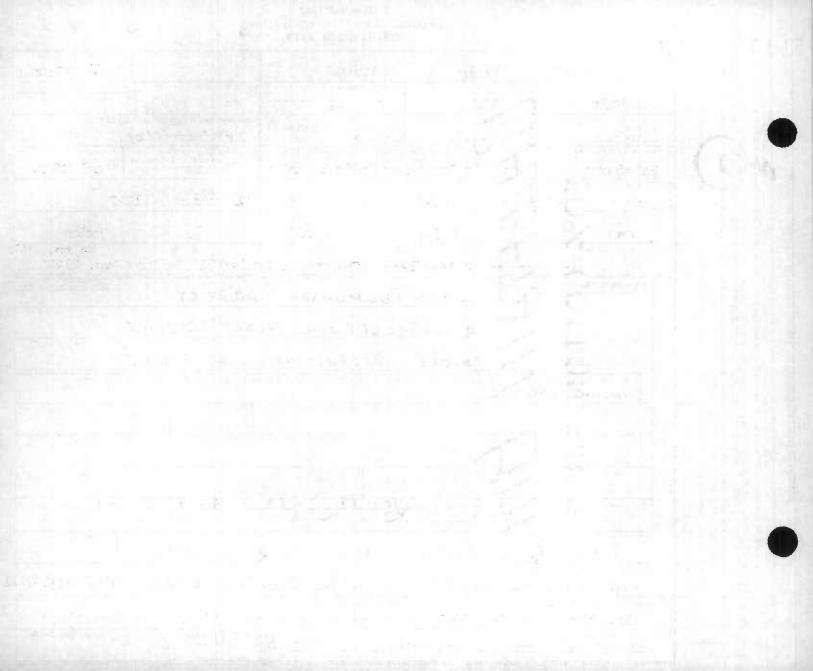
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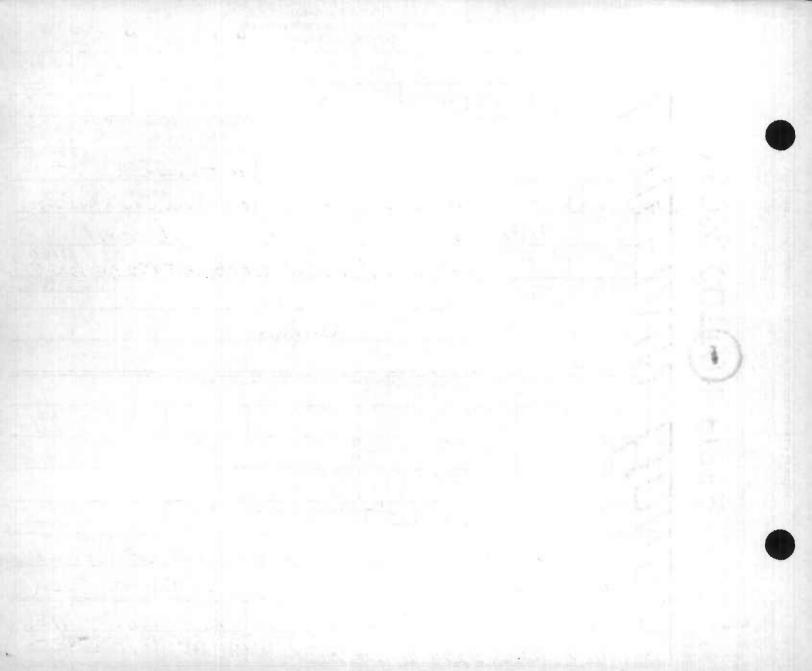
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	,	FOR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 7 1 3 8 9 9										
100 1010	0.7	STATE REGISTRAR					CERTIFI	CATE OF	DEATH	0 /	REG. NO).	•	
100 101 61		CEASED NAME	FIRST		MIDDLE		1A	17		2a. DATE O	DEATH	MONTH DA		26 HOUR
oy be oge 3 death	(TIPE	Rudo	olph	Mos	sby		Pr	rice		1000	!	5 1	8 87	7:00 p
a bo	3. SE)		4	RACE			5. DATE OF			6. AGE (IN)	EARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
rs of	,	Male		Wh	ite	23	8 MONTH	24	1917	69		YRS	DAYS DAYS	HOURS MIN.
Po dir		RTHPLACE (STATE OR FOR	EIGN 7	6 CITIZEN OF	WHAT COUN	VTRY?	8 AA A D D IE D	□ NEVER	MARRIED -	9. BALTIMO	RE CITY O	COUNTY	OF DEATH	
tho eoth		'irginia		/ U.:	S.A.		WIDOWED		NORCED [Bal	timore	e City		MD.
		ry or town of DEATH		11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCHFACILITY, GIVE STREET AL Francis Scott K			DRESS)					ON WORKING LIFE)	INDUSTRY	Mfgr.
filled filled	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE Maryland Balt:			OTHER INSTITUTION GIVE RESIDENCE BEFORE AND 136. CITY OR TOWN Dundalk			YES NO K		13. STREET ADDRESS / ZIP CODE 42 Yorkway / 212			22		
third self	14. FA	THER'S NAME		IDDLE	LAS	ST	1204		'S MAIDEN NA	ME	MIDOLE		1.4	CT
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S S S S S S S S S S S S S S S S S S S	160 V	AS DECEASED EVER IN		NED FORCES?	166. SOCIAL	SECUR	ITY NO.	17 INFORM			ADDRE			ilto., Md.
000		No -	1 125,0112	TAK OK DATES	224/0	9/12	86	Sharr	on S. L	ewis/6729 Railway			Ave.	21222
sicio pers del.		18 CAUSE OF DEATH (Enter only	y one couse per	line for (a), (b), and	(5)						BETWEEN	ONSET AND DEATH
phy on pa emov				BY: CAUSE (o)	CARI	010	PUL	MONI	ARY	ARR	EST			
h cer ding arba or re			DUE TO, OR AS A CONSEQUENCE OF											
deat ove c fron,		Conditions, if ony, which (16) ATHEROSCLEROTIC HEART DISEASE												
by the case remo		gove rise to immed couse (a), stating underlying couse	couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF											
signed Then ple to burio	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN										N IN PART 1	to	
Drio driv	CERTIFICATION	190 DATE OF OPERATIO	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					ORMED	20a AUTOPSY? 20b IF YES, WERE FINDINGS USED					
ows ows	TIFIC									YES 🗌	NO	YES	ING CAUSES OF DEATH?	
cote cote Hygin Hygin 18 sh	CER	21a. ACCIDENT WAS UNDER		21b. TIME C		H DAY	YEAR	21c HOW II	NJURY OCCUR	RED (ENTERNA	TURE OF INJUR	Y IN ITEM 18 PAI	II I OR PART 2)	
p ph indel-trifical-tri	AL	OR CONTRIBUTING CAU			M.	II DAI	19							
or M	MEDICAL	21d INJURY OCCURRED			OF INJURY			211 LOCAT	ION		CITY OR TON	WN	COUNTY	STATE
s the	×	WHILE NOT WHILE		(A) HOME, SI	REES, PACTORS, C	JEER, E, FAR	(M, EIC.)							
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Porton for und H		sow the deceased above, (I) (we) (did	plive on_	H -	otter death	_196	\$7. one	that in (my	(our) opinion	death occurre	d on the do	te and hour	and from the	couses stated
IREC hed hed ept.		226. SIGNATURE	-	view the body	orier death.		D	EGREE					22c DATE	SIGNED
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ained by the STUNERAL outd be determined from the State		22d. PHYSICIAN'S NAM	E (TYPE OR	PRINT)				22e ADDRE	SS				0.	
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54 × X	23a B	URIAL, CREMATION, RE	MOVAL	23b. DATE		123c N/	AME OF CE	METERY OR	CREMATORY	23d LOCA	ATION			
BP	(Cremation			1987	Gre	een M	ount (Cremator	v Bali	IMOre	. Mary	land :	21202
		INERAL DIRECTOR		1 .					25a QAT	FREC D BY	E GO RAR	256 REGISTR	R'SISIGNA	Mendalle
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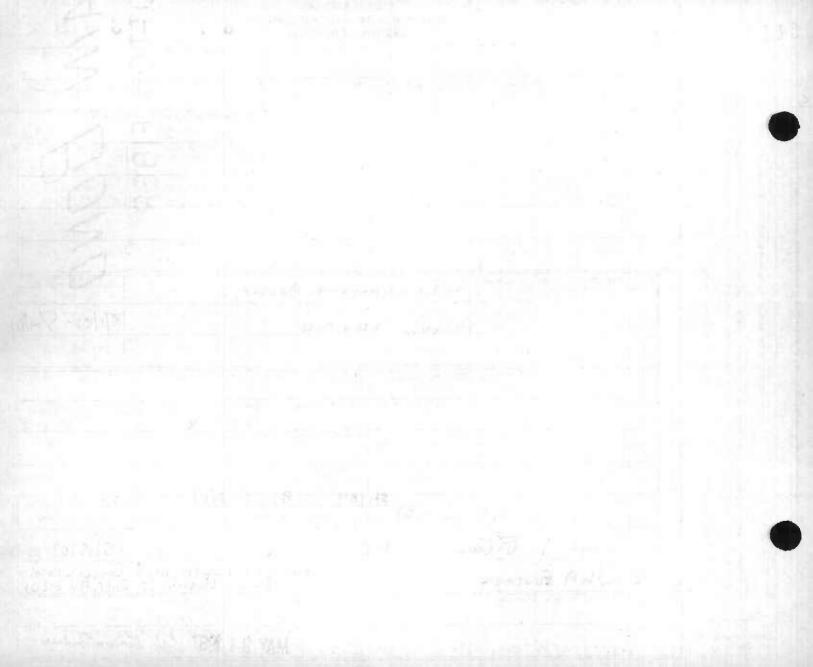




			FOR				MARYLAND	HYCIENE					
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0337.	30 1	I. DE	CEASED NAME FIRST		MIDDLE	121(3)	LAST	2a. DATE	REG. NO.	DAY	YEAR 7	2b. HOUR	
	% × × × × ×	(TYP	EORPRINT) Alva	EUZ	ABETH	Pri	.dgen	OF DEATH	ESTI-		,87		
	TREET STREET	3. SEX		5. DATE OF BIRTH	6 AGE (IN Y	EARS IF UN	DER 1 YR. IF UNDER		MONTH	DAY	YEAR	1: 100R 4: 29A	
1	DIRE OUR DN S	FE	EMALE BLACK	10 10	FA 20	rs.	HS DAYS HOURS	MIN PRONOUN DEAD		5 10	987	1:29A	
	NECESSARY CUNERAL DIS 5 FOR YOU WITHIN 72 W. PRESTON	FO FO	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	B. MARRI	ED NEVER MARE	RIED 7 BALTIM	ORE CITY OR COU	TY OF DE	ATH		
	FUNERAL 5 FOR Y W. PREST	m	ARYLAND	4.5). A.	WIDOW			timore Ci	-		MD.	
	SEGENT.	10. CI	TY OR TOWN OF DEATH		SPITAL, NURSING HOM		IER INSTITUTION	12e USUAL OCCUP	ATION (TYPE OF WORK	OR TH	MERI		
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D. 2	SHOPE SHOPE		ARYLANO —		BALTIMO	RE	YES NO		RFORD RO	BAL	JIMO	RE,	
PRESTON ST., BALTIMORE, MD. 21201	S S S S		THOMAS	MIDDLE	CLOUDE	-	FIRST	EIN INAME MI	DDLE	LLA	D D		
NO NO	A S S S S S S S S S S S S S S S S S S S	16a. V	AS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURI	~	17 INFORMANT	RE.	*BALTIM			7/2/0	
T I		J.A	ES, NO, OR UNKNOWN) (1F YES, GIVE	WAR OR DATES)	213-70-6	980	ALVCE C	AMPBELL				PD.	
	WITH DIVISION		18. CAUSE OF DEATH (Enter on	ly one couse per line	for (a), (b), and (c).)		,,_,co c	77 0000	000 [[[]	APPR	ROXIMATE IN		
N S	24 HO ITEM 1 ICONG PERMI GIENE,		PART I DEATH WAS CAUSEI IMMEDIA	DBY: TE CAUSE (0) MU	ltiple stab	woun	ds			BETWEE	EN ONSEL A	UND DEATH	
STO	A P P P P P P P P P P P P P P P P P P P				AS A CONSEQUENCE					4			
8	ZAN		Canditions, if any, which gave rise to immediate	(b)									
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ORO	P BE EXE ENDING MEDICAL AS A BU CREMAI	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BOT NOT KELATED TO THE TER	MINAL DISEASI	E OR CONDITION GIVEN IN P	ART 1 to					
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۵	IS THIS CERTIFICATE, WRITING THIS REWARDED TO THE STATE DEPARTA STATE DEPARTA (2), 21201 PRIOR 1),	1	AT WORK AT WORK	at h	TORY, FARM, ETC.)	294	Harford	Road, Bal	timore Ci	cy,	1	MDSTATE	
	JERE THI CATE, W FORWA OR: PA(HE STA)		22a. I certify that	e of the remain de	scribed above, held an	Autop	sy . Inspectio	on . Inquiry	, and in my	pinion			
	Y HE BELLE		death resulted from Natur	pi couses /	of ciferal . S	uicide 🗌	, Hamicide X	Undetermined ma	nner ,				
	DIRE WAR		ACTUAL ACTUAL	1: 1	SIM		TITLE (SPECIFY)		DATE				
	SER SER		SIGNATURE	-	Jui.	M	.o. Assistan	MEDICAL EXAM	INER SIGN	ED 5-6	- 87		
	MEDICALE TIMORE		EXAMINER'S NAME (TYPE OR PRINT) Ch	arles P	Kokes, M.D.	r d	ADDRESS 111	Penn St	Baltimore	MD	21 20	1	
	EXECUTE THE C PAGE A SHOUN TO FUNERAL D AFTER DEATH, V BALTIMORE, M	23a. B	JRIAL, CREMATION, REMOVAL 2		23c. NAME OF CE			23d LOCATION	DOLC CITIOL C	ו גווט			
07/84	BP	15	BURIAL	5/9/198	7 PLEASAN		EW CEM,	CITY OR TOWN 7	BALTIMOR	E, MI	ARY'L	AND	
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e 4 may be that, page 3 offer death		LILA		PRITCHETT	5 14	87 M			
Her o	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)				
ge 4 urs often		FEMALE	BLACK	9 13 1904	82 yrs.	DATA HOURS MIN.			
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g + + + o		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO. TREGISTRAR DECEASED NAME (TYPE OR PRINT) LILA PRITCHETT 1. SEX FEMALE BLACK PRITCHETT S. DATE OF BIRTH MONTH DAY YEAR S. DATE OF BIRTH MONTH DAY YEAR MONTH DAY NOT							
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OR he		Charl A	R. A.		MEDICAL STAFF				
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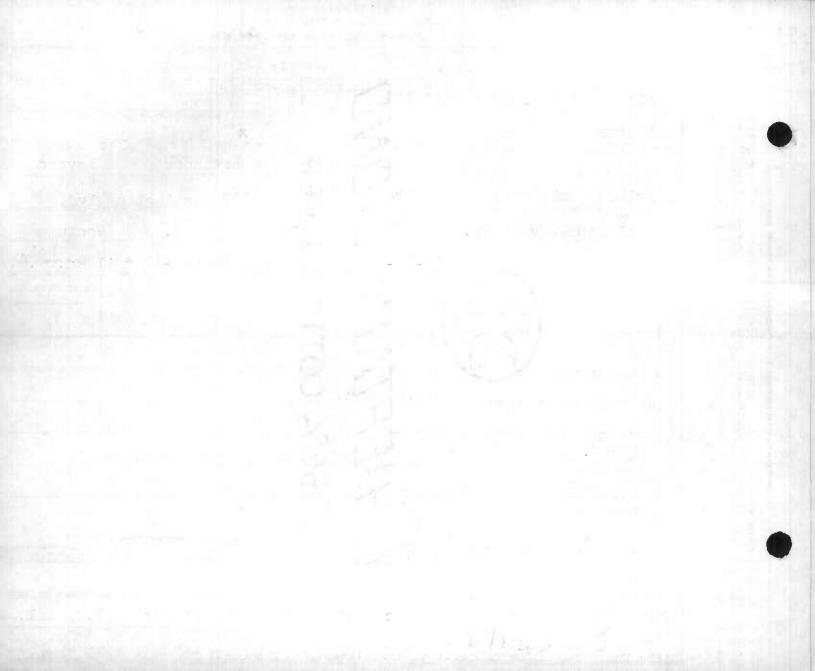




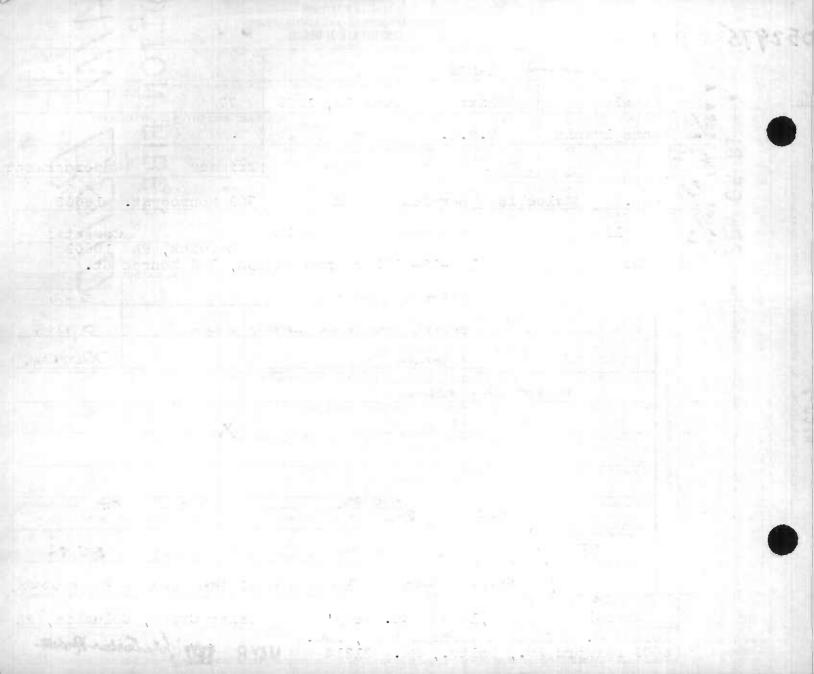
111					STATE OF MARTLAND		
H		1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL	HYGIEND	13904
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-0	5/ 19 1/	1	Balto.	Sahu Deato	1 0 0 1	EK TYPE OF WORK FOR MOST OF	working life) INDUSTRY
212	17/13			OTHER INSTITUTION, GIVE RESIDENCE BEFORE	RE ADMISSION)		5.5.1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	3 11 12	7	STATE 136 COUN	13t. CITY OR TOV	YES NO NO	A / 1 / 1	edmont 210
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EC	9 4 4 6	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL	40 404 2/	Ē				YES NO	YES NO
2	2 1 0 0 1 W	2	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OF	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
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VIS	25 20 3	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	(11) 04 10 4	THE STATE
ā	A STORE OF THE STO			tal) attended the deceased fram.	MAY 6 10	81 to Mail	19 87, that (I) (we) last
	京日 英 元 三		saw the deceased alive an	WIAY 7- 19		inian death occurred an the dat	e and haur and from the causes stated
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	Property of the control of the contr		WINDI	COICKS DAVE			
	E1 5-151	23a E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION	A county of a
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	DUANU 14 4044 7/04	24 Ft	INERAL DIRECTOR			DATE REC'D, BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE
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MAY 1 1 1987 fee Discontained

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME KNOWN 20 DATE 7h HOUR (TYPE OR PRINT) OF ESTI-IF ANY DELATE TRECESSARY, PIEASE
AND 31 OT THE UNERAL DIRECTOR.
RETAIN PAGE 5 FOR YOUR FILES.
HYOULD BE FILED, WITHIN 72 HOURS.
REGORDS, 201 W. PRESTON STREET, Leon Jr. DEATH MATED EART PRYOR 19 87 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR 6 HOURS PRONOUNCED 12:30 male June white DEAD 18 19 87 Th CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Delaware USA DIVORCED X Baltimore City WIDOWED IN CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS Tavern Bartender Baltimore 772 Washington Blvd 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Washington Blvd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Sr. Alva Earl Leon Pryor E. Ventura IT INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. Del. (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 222-28-1536 No Barbara Hofmann -17 Gail Rd. N.C. DIVISIO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: BURIAL - TKAINE BURIAL - TKAINE A AND MENTAL HYGIENE A AND OR REMOVAL. Strangulation IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN USED AS A B CERTIFICATION Blunt head trauma E 3 SHOULD BE USED A DEPARTMENT OF HEA OF PRIOR, TO BURIAL, O 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES TO NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR P.M. 5-18-Subject was strangled and beaten. CONTRIBUTING CAUSE OF DEATH? 1987 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, EARM, ETC.) 772 Washington Blvd. Balto. MD home EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALLIMORE, MARYLAND, 2 X 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion Homicide X Undetermined manner Accident Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 5-19-87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., MD Hockessin Crematory Cremation May Hockessin 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) Stockton Sts. Elkton, Md.



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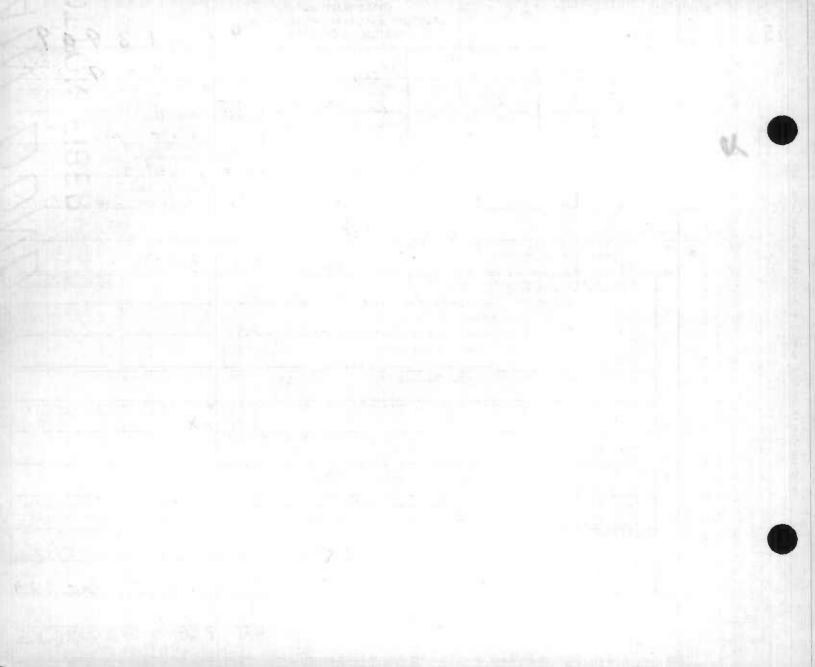
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Gary L. Kaufman 5695 Main St. Elkridge.Md.

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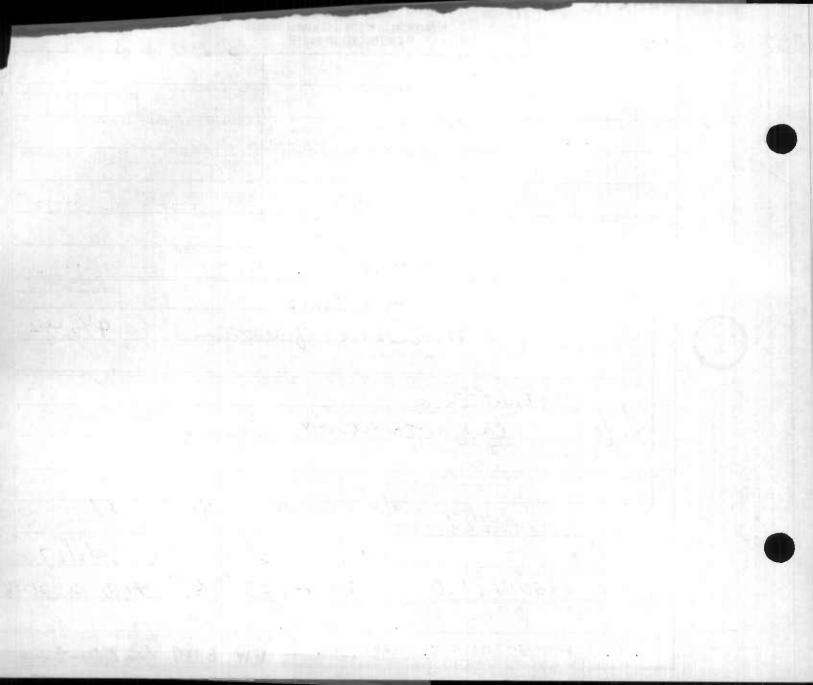
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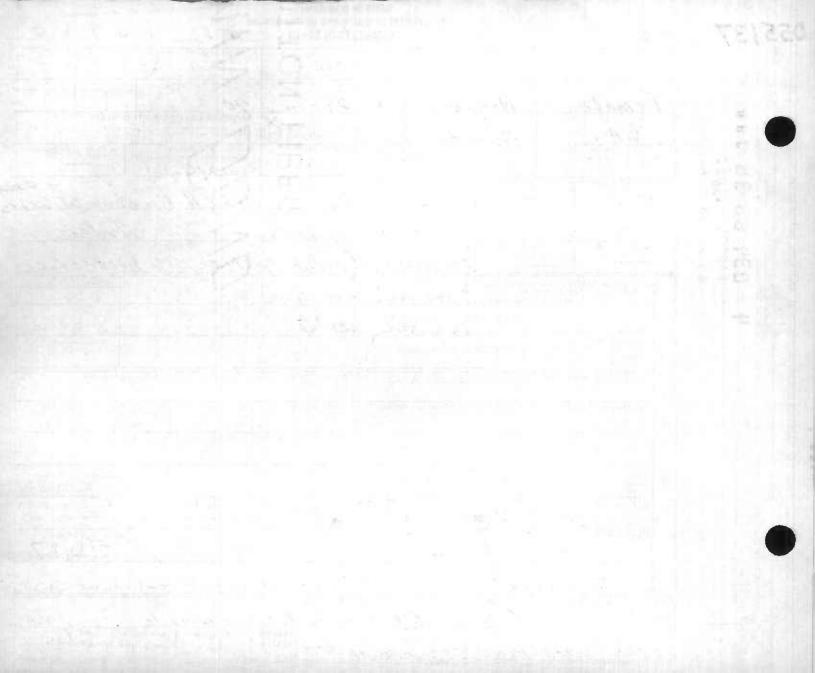
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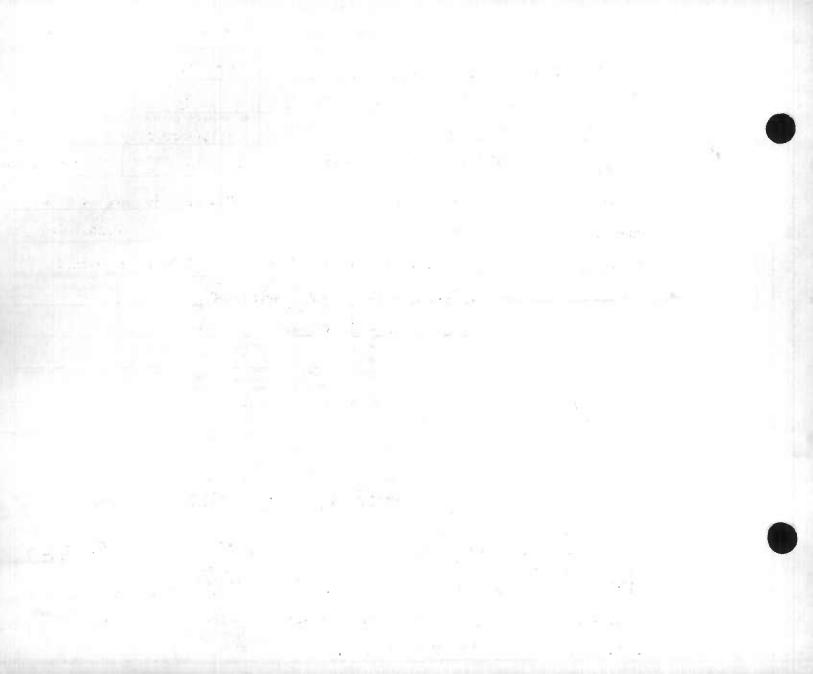
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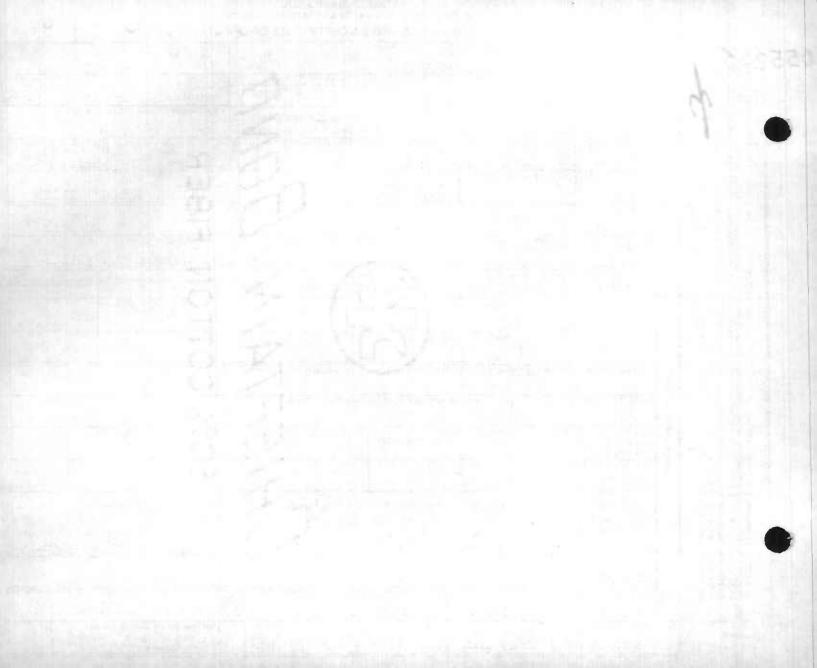
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3 3 3 5 5 4 1		1.0	and and	re	_	PHYSICIAN	DIRECTOR] PHYSICIAN [0/25	1/87
D HOSPITAL Tourned by It O FUNERAL Inches State		JO. L B	Tosen-	Sheik		550	Eltid	SIDAL	lua		
R 5 1233		BURIAL CREMATION, REMOV	AL 736 DATE	7	30 NAME OF	EMETERY OR CREMATORY	23d LOCAT	ION R TOWN	- 10	NIV A	-
BP		Burial	5/25/	87	Wood lav	n Cemetery		imore,	· KC	an-R	DIVI D
DHMH - 16 60M 7/B4	24.1	UNERAL DIRECTOR				250, DA	(PERPITY RE	PAR 250 R	EGISTRAR'S	SIGNATU	RE
(VRA 15, 4)	1	m. C. March	F/H 43	00 Wa	bash A	Ave. M	MIGIN	01			



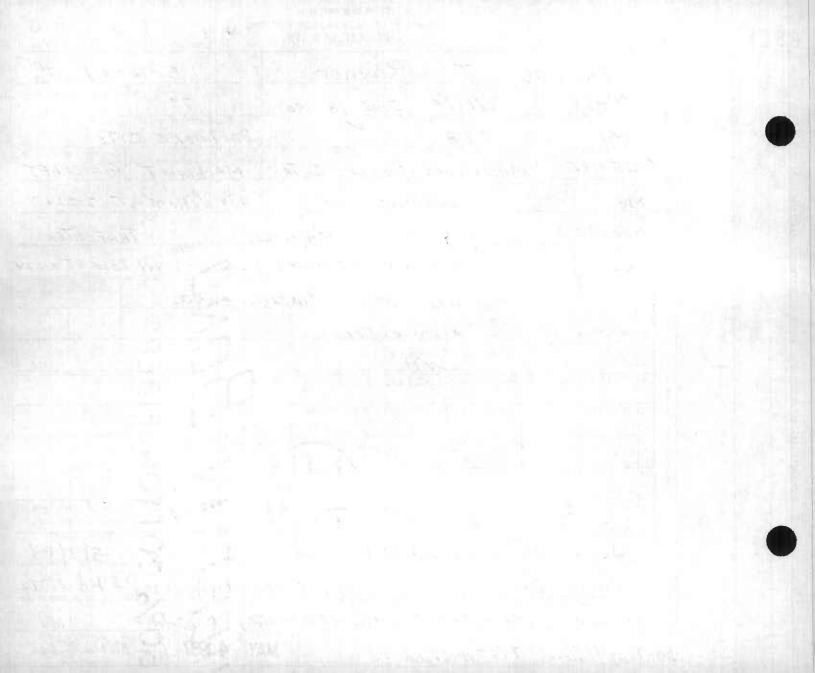
	1			STATE OF MARYLAND		
737 1117	7 8	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	3915
n 6.5		CEASED NAME FIRST	LEWIS R	MSC- VIII	2a. DATE OF DEATH MONTH	DAY YEAR 21 HOUR DZ 87 9464 M
poge 3	3. SE	KOY	LEWIS 1	ASCOVAR Is. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
s offe		MALE	CHUCASIAN	MONTH DAY YEARS	72 YRS	MONTHS DATS MOURS MIN.
1 16/19		RTHPLACE STATE OF FOREIGN COUNTRY NEW YORK	76 CITIZEN OF WHAT COUNTRY?	MARRIEDO NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	CITY MD
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	M	AKYCAND -	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NETY 13: CITY OR TOW	YELD NO [130 STREET ADDRESS / ZIP, COD	APT. 1410(2121 CUES STREET
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on. hos bee t permit. ene prio	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
IYSICIAN: The ding physicia s certificate h buriol-fronsit Mentol Hygie or flem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
O PHYSI of the burn ond Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOI WHILE ALL WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	211. LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDING Spiral or o CTOR: Afr d for use os t. of Heolth m 21 is marl			ital) stended the deceased from_	87, and that in (my) (our) opinion	depth occurred on the date and ho	. 19 87 , that (I) (we) lost
		22b. SAGNATURE	ot) view the body after death.	DEGREE	dedition occurred on the gove only no	224 DATE SIGNED
by the high		Gellile	J gratters 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/2/87
HOS orned Swild by the the		michers 6	S. GOTTLIEB	UD PSILVEDSI	LE AT GAS	ENSALING
BP	23a. I	BURIAL, CREMATION, REMOVAL (SPECE) BURIAL		NAME OF CEMETERY OR CREMATORY UID RIDGE CEM	23d LOCATION CITY OR TOWN BALTIMORE	COUNTY STATE MARYLAND
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR SOL	LEVINSON & BROS.	TNC 25a DA	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
(VRA 15, 4)			WN RD. BALTIMORE		11 0 100.	

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		REGISTRAR		MED	DICAL EXAMI	NER'S	CERTIFIC	ATE OF D	EATH REG. I	NO.	1 9
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NECESSARY, ILLA UNERAL DIRECTO 5 FOR YOUR FIE WITHIN 72 HOLE FINE ON SIREE	3 SE)		4 RACE	5. DATE OF BIRTH	6. AGE (IN		IDER I YR. II	IF UNDER 24 H	IRS 2c DATE	MONTH DAY	
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S FOR YOU WITHIN 72		RTHPLACE (STA		76 CITIZEN OF WH		YRS.			9 BALTIMORE CITY	5-29-87	
용트	FC	REIGN COUNTRY)						ER MARRIED	D T BALTIMORE CITY	OR COUNTY OF	DEATH
N		Pennsylv		U.S.		WIDOW		DIVORCED	Baltimor	e City	MD
SHED!	10. C	TY OR TOWN C	OF DEATH		PITAL, NURSING HO.		IER INSTITUTION		USUAL OCCUPATION (T		IND OF BUSINESS OR INDUSTRY
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32		L RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIV	136. CITY OR TOWN		13d. INSIDE CITY	v 11MITS3 112.	STREET ADDRESS		
200		ryland	138 COOIT		Baltimo		YES X		2004 Wilkens	Avenue	21223
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OL		Ctopho Ctopho	an .	MIDDLE	Paggon		FIRS	ST	WIDDLE	Dan	issell
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F MEDICAL EXAMINER ALONG WITH A BOLL BEAUTH AND MENTAL HYGIENE, DHEATH AND MENTAL HYGIENE, DHI, CREMATION, OR REMOVAL.				DUE TO, OR	AS A CONSEQUENC	E OF					
A A A K			s, if any, which e to immediate	(b)							
S.Z.S		cause (a)	stating the <u>under-</u>	< ' '	AS A CONSEQUENC	E OF			The April 1		
N.		lying caus	e last.	(c)							
ATIC		PART 2 OTHER SIG	NIFICANT CONDITIONS (CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEAS	F OR CONDITION O	GIVEN IN PART 1			
EX.	Z		7			MINITING BISERS		OTTEN DOTAKI I D			
ō —	CERTIFICATION	19a DATE OF	OPERATION	19h CONDIT	ION FOR WHICH OP	FRATION W	AS PERFORM	VED?		110	AUTOPSY?
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Z	1			٦٠						and in my opinian	
-		death resulter	A I	alcauses 🖆,	Accident	Suicide	, Hamicid		ndetermined manner		
MARYLAND, 212		ACTUAL	Maria	D = 0	· Mar	0	TITLE (SPE			DATE	
- KE	-	SIGNATURE_	MAN	Tree (1)	~ 1.4	X M	D ASS1	stant	MEDICAL EXAMINER	SIGNED	5-29-87
WO	_	EXAMINER'S N	NAME	0							
BALTIMORE, M		(TYPE OR PRIN	T)	Margarita					Penn Street		
B	230 B	PECIFY)	ION, REMOVAL 23		23c NAME OF C				LOCATION CITY OR TOWN	COUNTY	STATE
			mation	5/30/87	Securi	ty Pro	cess C	crem.	Catonsville	Baltimo	ore Md.
7		JNERAL DIRECT		ADDRESS		21229	25	DATE REC'D	BY REGISTRAR 256 REG	GISTRAR'S SIGNA	
AE (5))	H	ubbard I	Funeral F	Home, Inc.	4107 Wil:			FIALLE	1007 Aug	Karidson-Per	ndallo

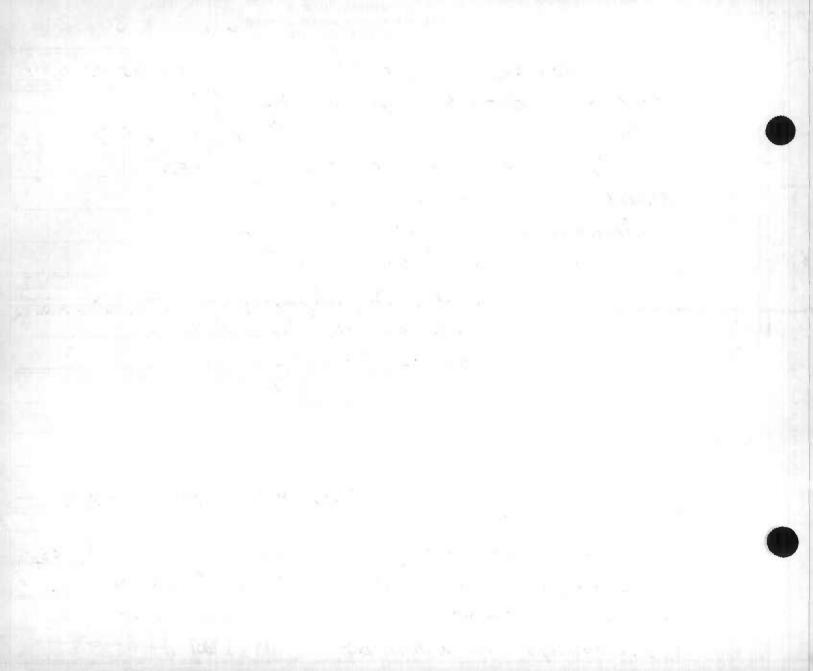


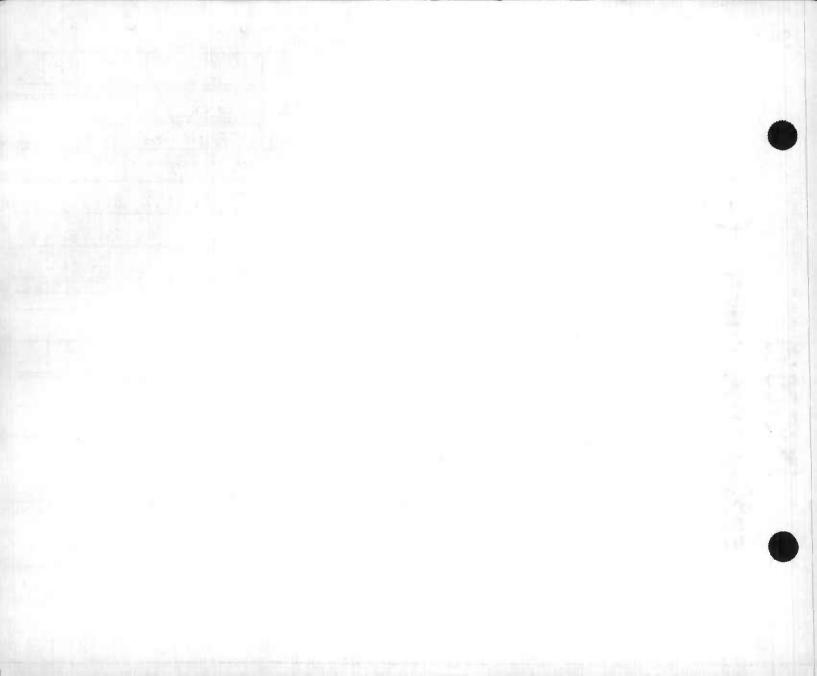
2928 H	AY 1		m G-627 Item 14,15 FOR STATE by S.B. REGISTRAR 5-8	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0/1	3917
nay be page 3			CECYLIA CECYLIA	MIDOLE	RAUSCH	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 6 87 545 P
ge 4 may ector, pag		3. SE		CAUC.	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY) 73	IF UNDER I YEAR IF UNDER 24 HRS
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rthin 24 ho tely filled i	36	MA	RYLAND 136 COUNTY OF THE R'S NAME	NTY 13C CITY OR TOW			(WOOD AVE
wheel w	\$ O(M: chal		Anna URITY NO. 17 INFORMANT	MIODLE ADDRESS	Rozek
cote be exec hysicion and opers. Pages	the medical	(,	NO -	216-30-23	111.01.1	ISLAUS 620.	5. KEN WOOD / APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
h certifi Iding ph corbonp or remo	ofic event,		PART I. DEATH WAS CAUSE	TE CAUSE (0) WEGO COLO	dial upaction.	20 do ASCUD	<120
the deor	ther froum		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEOU	overe la occid	ent	36°
quires that signed by Then please to burial, cr	njury, or o	NO		(c) HTW	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
he low re on. hos beer t permit. I	ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ICIAN: T ig physici certificate riol-transi	18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART ?)
NG PHYS ottending frer this coos the burn th and Me	orked or I	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
R ATTENDII hospital or RECTOR: A red for use pt. of Heoli	m 21 is m		sow the deceased alive on obove (1) we) (did) (did no	ital) attended the deceased from S(C) 19 2 at) view the body after death.	(500, 500, 500, 500, 500, 500, 500, 500,	to 5/6	
0 . 0 50	TNT: # Be		226. SIGNATURE LOUIS ON THE STORY OF THE ST	Byely no	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	222 DAJE SIGNED 5/6/87
TO HOSPITAL retained by the TO FUNERAL should be detained with the State.	IMPORTANI	22 -	KENNETH D	. Byzrly mo	clo Dept of		uch Home Hospf
ВР		30. 8 B	URIAL, CREMATION, REMOVAL	1236 DAT 9 87 St	STAVISLAUS C	m BALTIMORE	City mb
DHMH - 16 60M (VRA 15, 4		K	Czorowski Fui	KERAL HOME F	~ « O « O »	AY 8 1987 Julie	JUNEST RE-



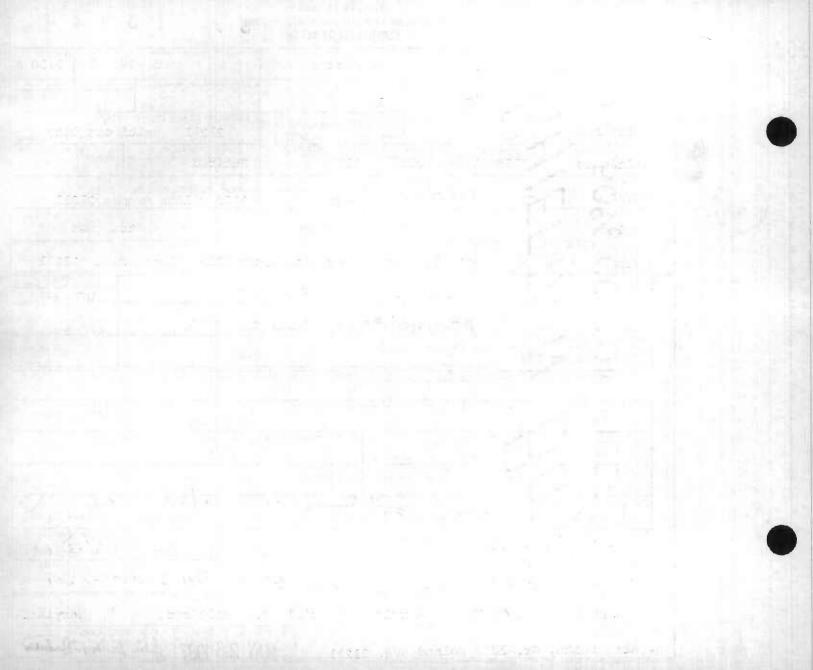
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		Item 13	E.	STATE	OF MARYLAND			
3 8 MAY	31	STATE 5-14-87	DEPARTI		EALTH AND MENTAL HYGI CATE OF DEATH	ENE 8 /	13	9 2 0
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nay be page 3 r death	(TYPE	CHURL	LES	RE	DD	0	5 05 8	87 11,55PA
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death. Po	70 BI	RTHPLACE ASTATE OR FOREIGN :	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED X	Baltimore city o	ORD CIT	
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24 hour filled in to ould be f	13a S	AL RESIDENCE (IF NURSING HOME OF LITATE 13b COUNTY)	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	N _ 1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	21223
mpletely opd 2 sh		THER'S NAME CAST ARIE	MISSE PLANED		15. MOTHER'S MAIDEN NAM	E MIDDLE		LAST
n and con		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU /E WAR OR DATES) 2/8-26	JRITY NO.	17 INFORMANT CARE	ADDRE	SS	
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death certifico offending phys love cartemory stronger raumatic event,			DUE TO, OR AS A CONSEQUE	ENCE OF G	VAS CULAR	tic car Disla	Dio Vas Cu	Xar Pissas.
by the off		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF	FAILURE	VISEA	300	
equires the signed Then pleased to burial injury, as	N O	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT		NAL DISEASE OR CON	DITION GIVEN IN F	PART No
he law range on. has bee has bee ene prior ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
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offer the state of	2	AT WORK NOT WHILE	THE NOME, SINCE PACTOR OFFICE,	ranm erc j	04/11 03	05/	0	~
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R ATTEN haspital RECTOR hed for u ept. of He		saw the deceased alive an abave, (I) (wa) (did) (did as	view the body after death		d that in (my) (aur) apinian d	eath accurred an the de	ate and have and fr	om the causes stated
0 9 0 80 =		226 SIGNATURE	wen Au	4	ATTENDING PHYSICIAN	MEDICAL STAI	F _	DATE SIGNED
O HOSPITAL TO FUNERAL with the Store		224. PHYSICIAN'S NAME (TYPE O	FW HUANG	JM.	22e ADDRESS BU	V SL	our	Hosp
Bb Should	230-1	BURIAL, CREMATION, REMOVAL	236 DATE 236 1 5/12/87 C	NAME OF C	EMETERY OR CREMATORY R HILL CEM	23d LOCATION	MORE	as Sign
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR Physics Phys	A 172/29REST	1001	DATE	REC'D. BY REGISTRAR V 1 1 1987	THE DECISED OF S	





			FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLA EALTH AND	MENTAL HYG	IEND 7	NO.	3) 2	2
54.	8.9 IMY	21.	DECEASED NAME EIRST		WIDDLE		AST 1-		20. DATE OF DEATH	MONTH	DAY	YEAR 87	2b HOUR
	poge 3		Lee	S	•		isecker			05	24		3:30 A
#	ge 4 morestor, po	3.	Male	4. RACE Wh:	ite	5 DATE O	F BIRTH	094	6. AGE (IN YEARS LAST	YRS	MONTHS	DAYS	HOURS MIN.
	nerol dir. 72 hou	4	PBIRTHPLACE (STATE OR FOREIGN Maryland		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER /	MARRIED	9 BALTIMORE CITY 21211		Ity of DE		city MD.
10	s ofter di by the fur iled within	D	Baltimore	3135 1	HOSPITAL, NURSIR CHEACHITY, GIVE STREET ILGEN Dri	ve (ADDRESS)	ROTHER INS	TITUTION	120. USUAL OCCUPA (Type of work for 400 Retired	TION TOF WORKING	G LIFE) 12b.	KIND OF DUSTRY	BUSINESS OR
BALTIMORE, MARYLAND 2120		2 1	BUAL RESIDENCE (IF NURSING HOA 30. STATE 136 CI Maryland	NE OR OTHER INSTITUTION	13 CITY OR TOW Baltimo	e admission) VN Pre	13d. INSIDE C	NO []	13e STREET ADDRES	s/zipco den A	ode venue	e 212	211
MARYL		0	Charles	WIDDLE	Redsecke		Lau		MIDDLE		Strau	ıghar	1
IMORE,	n ond c	16		ARMED FORCES? S. GIVE WAR OR DATES) NW II	217-18-3		Mary		ker 3135 T	ilden			21211
:	physicia phy		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA		ACUH	e Myo	cardin	e Buf	aretin				MATE INTERVAL INSET AND DEATH
201 W. PRESTON ST	es that the death ce ted by the attending please remove corb vial, cremation, or r , or other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b) DUE TO, C	DR AS A CONSEQU	JENCE OF			lan Disease OR CO		GIVENIN	you PARI III	4.
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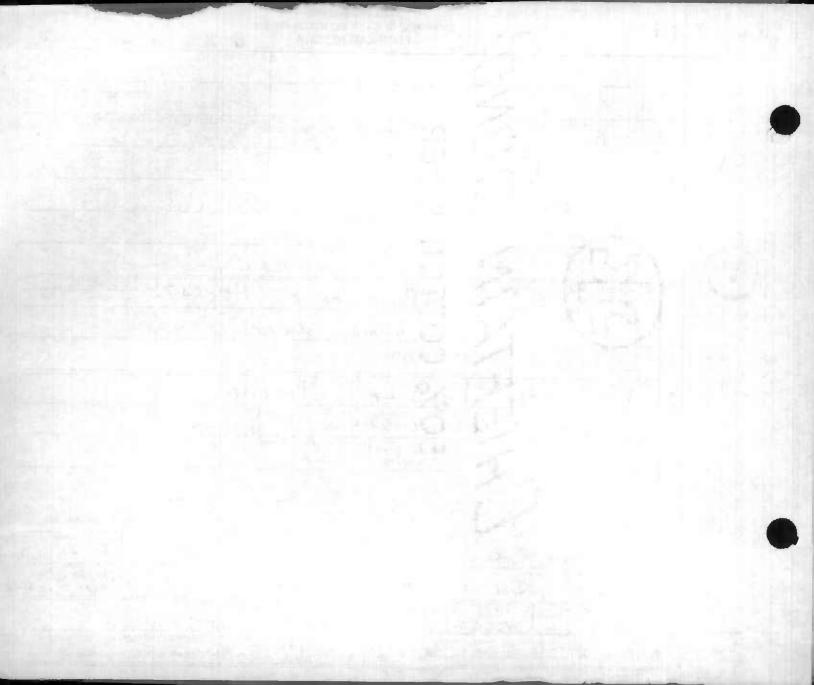
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Henry . Jan is a con co., Jelto. Na.

DEPARTMENT OF HEALTH AND MENTAL HYGIENES 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH 26 HOUR JOHN DAVID REMICK, SR. LIYPE OR PRINTS John MAY 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 40 MALE WHITE To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Raltinore City Maine WIDOWED DIVORCED [III CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 7h KIND OF BUSINESS OR altimore City MAINTRANKER 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? BUYNIQ ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Williams ADDRESS ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST) ogce Remote (WIFE) SAME AS 13 YES 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY. Cardiopulmoner arrest 40 min IMMEDIATE CAUSE 10). DUE TO, OR AS A CONSEQUENCE OF Kespi-abors Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. deno convora of PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOR NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LIVE OF PRINTS 22e ADDRESS 5. Hanower rank t. Posensoon 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN STATE BURIAL MAY 20,1987 CEDAR HILL CEMETERY BROOKLYN PARK MD 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 in Dirison Pardage (VRA 15, 4) SINGLETON FUNERAL HOME, GLEN BURNIE, MD

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7 5 7 5 × ₹	23a	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF	CEMETERY OR CREMATORY	23d LOCATION	EOUNTY	STATE
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(VRA 15, 4)		periliminer 333	T DICIMB Hand		JU AT	70 1301	12 Brassaga Van	
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COUNTY STATE and that in (my) (aur) opinian deoth occurred on the date and hour and Iram the couses stated 224 DATE SIGNED should b IMPORTA Johns Hopkins 0 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 5/9/87 Burial Gardens of Faith Rossville Balto. Maryland 24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 MAY ha Devideon- Produce ConnellyFuneralHome 300MaceAve. 21221 (VRA 15, 4)

2b. HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

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DAYS

10;28A

IF UNDER 24 HRS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR IL DECEASED NAME Robert Rensch 20. DATE KNOWN CZ 24 HOUR (TYPE/OR PRINT) ESTI-1987 Robert DEATH MATED Rensch 3. SEX 4 RACE 5 DATE OF BIRTH & AGE IN YEARS IF UNDER I YR IF UNDER 24 HRS 34 HOUR DATE TA YRS PRONOUNCED Male Cauc. DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Balto., Md. USA WIDOWED DIVORCED Baltimore City I, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Back to steham. Baltimore Union Memorial Hospital of Commerce Maintenance 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY Balto 3230 Md. YES NO [Lake Ave. 21213 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Henry Rensch Carrie Wolfel 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 212-20-7460 Beatrice T. Rensch (wife) same add 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Cardiac arrhythmia due to Arteriosclerotic Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION ICATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, CA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO L 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY THE HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY FARM FTC 1 STREET CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK of the remains described obeve, held an 22a. I certify that 1 se Autopsy and in my opinion death resulted togh Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNED 5-6-87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. (TYPE OR PRINT) Penn St. 23¢ NAME OF CEMETERY OR CREMATOR 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION STATE 5/8/87 Bohemian National Balto., Md. Buria 07.84 25AA 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE "Schimunek Funeral Home, Inc. **DHMH - 17** (/R A15 ME (5)) 3331 Brehms Lane, Balto, Md. 21213



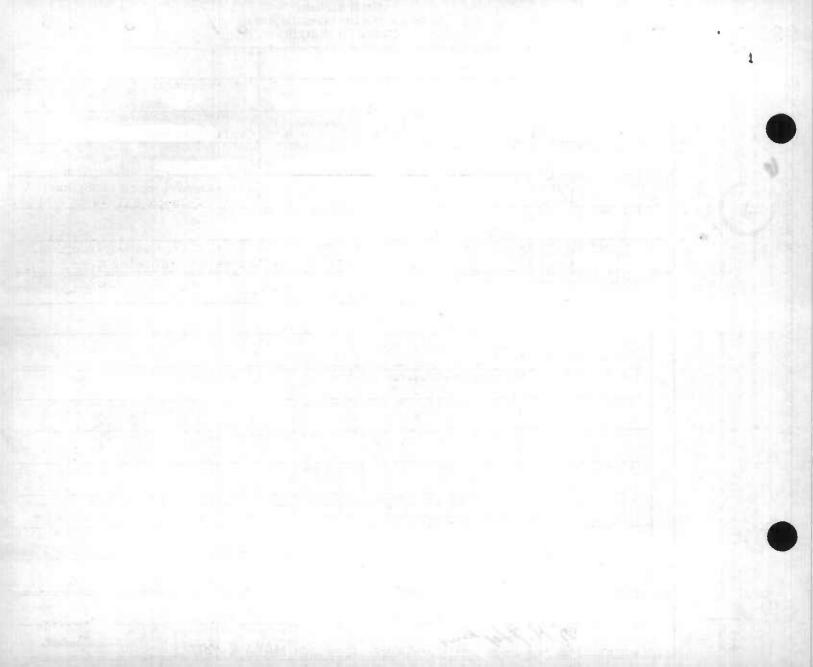
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Agnes Veronica Respess May 1987 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH HOURS Female November 13,1903 White 83 YR To BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Georgia USA^ Baltimore City WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore South Baltimore General Hospital BALTIMORE, MARYLAND 21201 Homemaker Own Home SUAL RESIDENCE (IF NURS 13e.STREET ADDRESS /21204 L COUNTY 13c. CITY OR TOWN Eudowood 134 INSIDE CITY LIMITS? Maryland Baltimore Towson 1000 E. Joppa Rd. Towers Apts. 1. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Millard Eva Nugent ADDRESS 405 Darlene Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO QR UNKNOWN) (IF YES, GIVE WAR OR DATES) Patricia A. Lancaster Linthicum, Md. 21090 No was 212.28.8926 NA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NOF ? 10 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 1.1 cers 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on May 12 and that in (my) (our) opinion death accurred on the date and have and from the causes stated 77% SIGNATURE DEGREE 22L DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 276. PHYSICIAN'S NAME TTYPE OF PRINTS 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 234 LOCATION (SPECIFY) COUNTY Burial May 15, 1987 Glen Haven Mem. Park Glen Burnie 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Brindren Randelle

Glen Burnie, Maryland

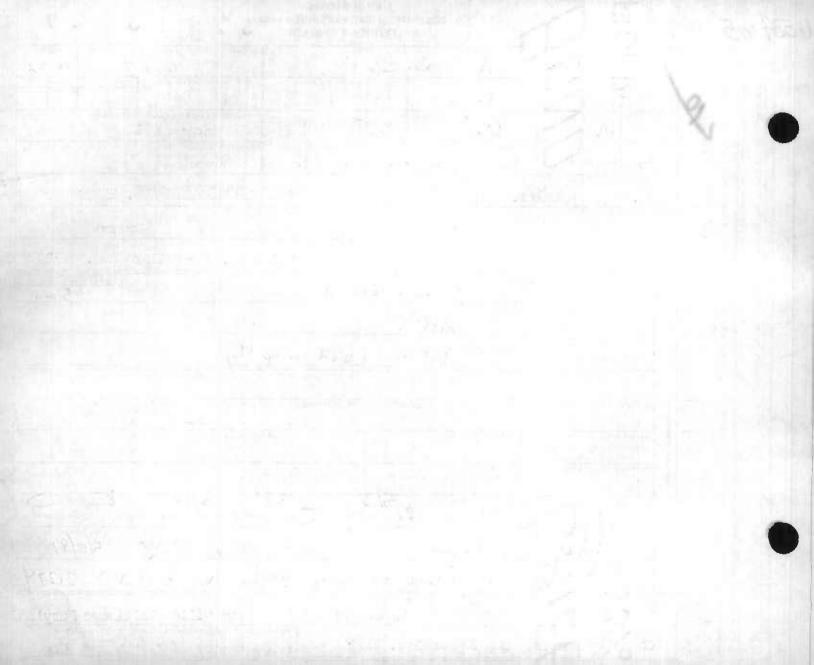
Singleton Funeral Home

(VRA 15, 4)

STATE OF MARYLAND



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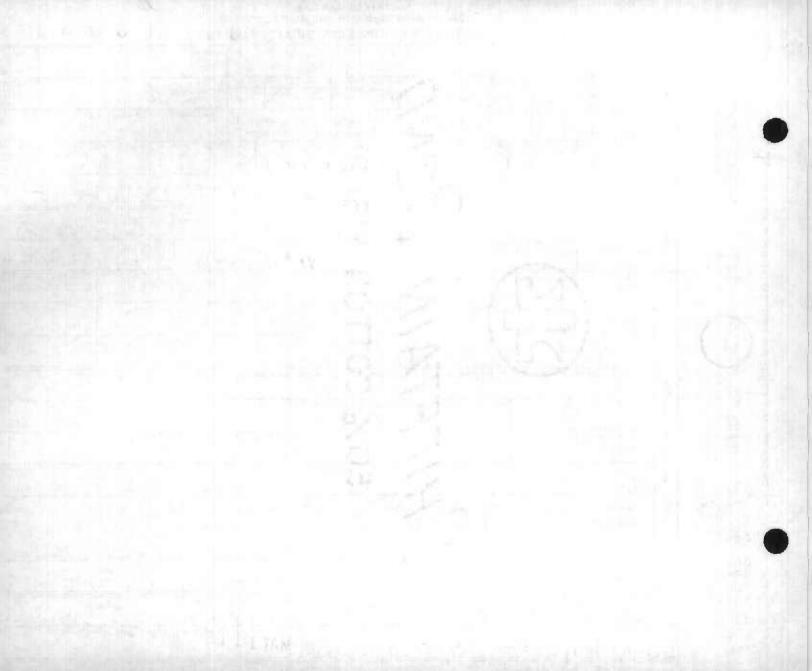


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G PHYS offending er this c and Me word Me we have	MEDICAL	21d INJURY OCCURRED	21	le PLACE C			21f LOCATION STREET		CITY OR TOWN	COUN	14	STATE
TTENDING PHYSICIAN: The prior or attending physician prior or attending certificate the for use as the buriol-transit of Health and Mental Hygier 21 is marked or Item 18 show		27a I certify that (I) (the law tim deceased a object, (I) (we) (dpt)	or hypotoff of	/	19	7-2:	d that in (my) (our) opinion		J-LJ			ot (I) (we) lo
AL OR A the hos AL DIREC detached detached it: If them		27h MINATURE	ken	22	and death.		DEGREE ATTENDING PHYSICIAN	MEDI	ICAL STAFF CTOR PHYSICIAN		PAIE SIC	S / S
TO HOSPITAL (retained by the TO FUNERAL (should be detained) with the State ElimpoRTANT: If		Luis E.).		22e ADDRESS					1
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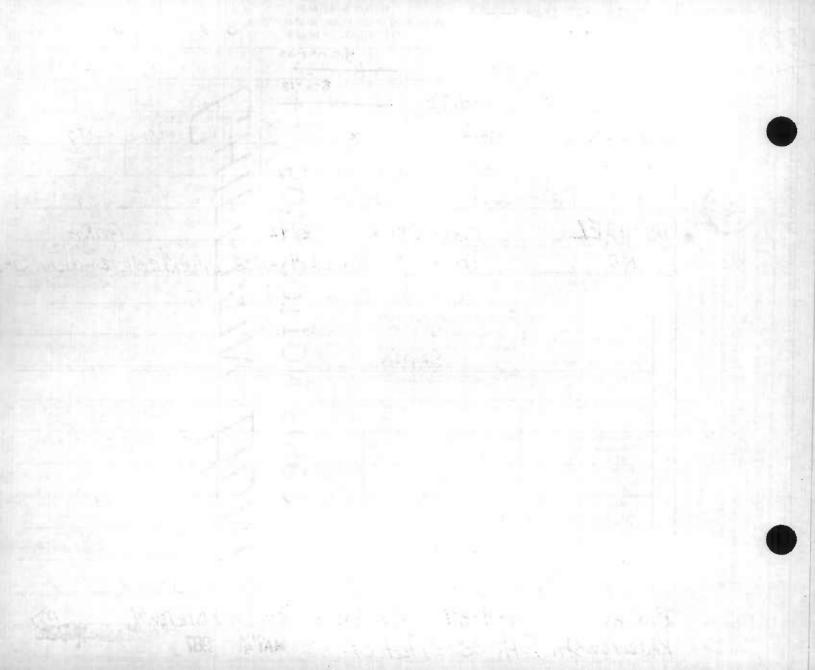
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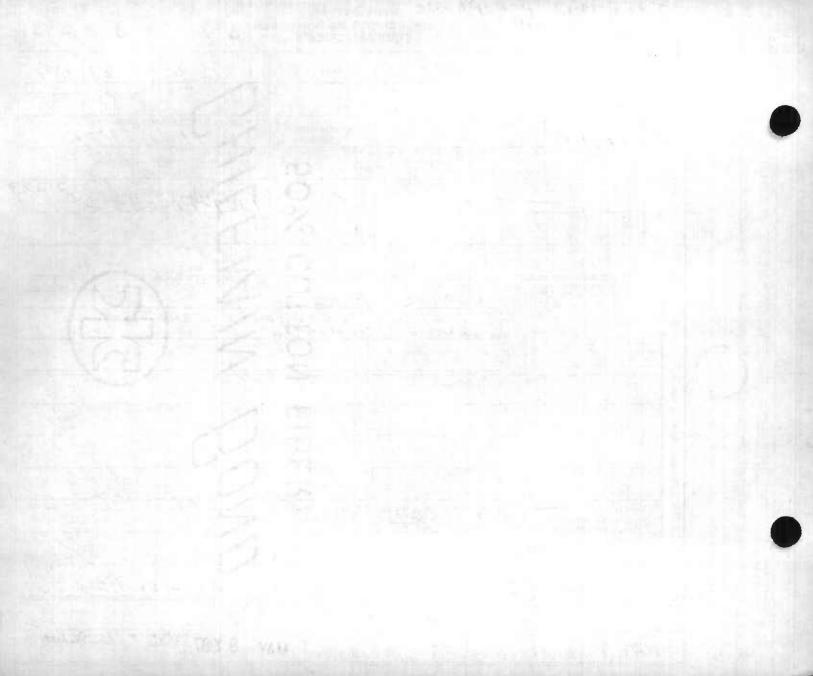
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR IVDECEASED NAME 20. DATE KNOWN DO MONTH 2b HOUR (TYPE OR PRINT) ESTI-1987 Phillip Rich DEATH MATED 5 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 10:26 1087 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFET OR INDUSTRY Baltimore JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 0 13b COUNTY OR TOWN 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MIDDLE 166 SOCIAL SECURITY NO ADDRESS LYES NO OF THEKNOWNS (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Multiple curishot wounds to head and chest DUE TO, OR AS A CONSEQUENCE OF (unspecified weapon) Conditions, if onv. which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO T 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 OR HOUR A.M. MONTH DAY UNDERLYING 3 SHOU DEPART 3:15PM Subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM ETC.) STATE 2000 blk Hollins St., Balto.City, MD TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIP. 220 I certify that I taak of the remains described above. Held an Autopsy and in my opinion death resulted fram Hamicide X Undetermined monner TITLE (SPECIFY) ACTUAL DATE M.DAssistant 5-6-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. Penr St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 07/84 BP MAY 1 1 987 PROSTRAR WIS REGISTER SICHRORE 25M 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



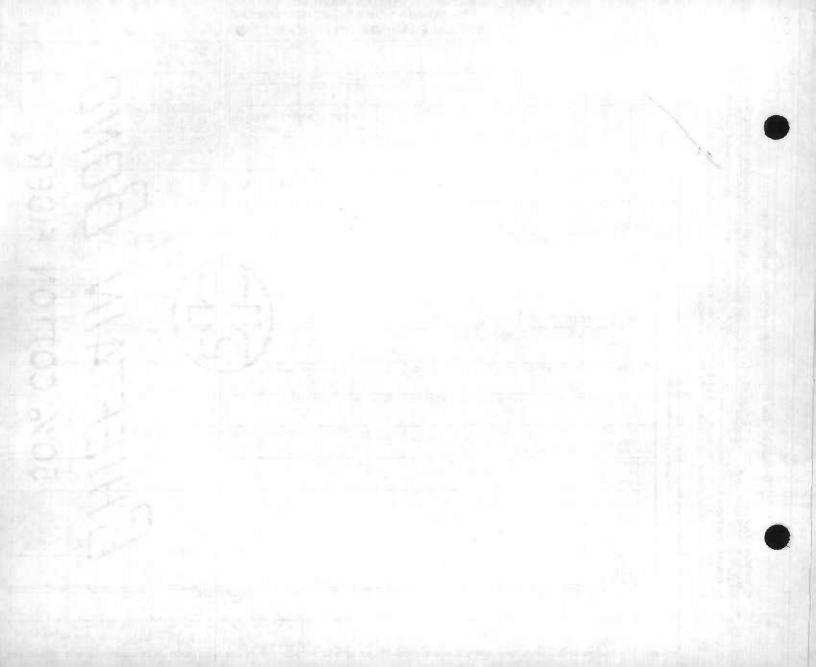
	1	Film G627 Item 1-5-8- STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
3 7 8 may	1	POR STATE S.B. DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 REGISTRAR CERTIFICATE OF DEATH
3 74		ECEASED NAME FIRST MIDDLE LAST RICHARD 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR PEORPRINT) LILLIAN RICHARD 05 187 187
ge 4 may ector, poy ns ofter do	1.5	FEMALE WHITE S. DATE OF BIRTH 8-6-18 6 AGE (IN YEARS (AST BIRTHDAY) IF UNDER 1 YEAR IN UNDER 14 HOURS IN MONTHS DAYS HOURS IN
Seoth Fo	5 m	BIRTHPLACE ISTATE OFFOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY
The the training of the traini	3 10.	BALTIMORS 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) South Bultimore GEN Hosp. 120. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
TAR	5"	JAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN 134. LIMITS? 134. STREET ADDRESS / ZIP CODE 2124 136. STREET ADDRESS / ZIP CODE 2127 137. CITY OR TOWN 137. CITY OR TOWN 138. STREET ADDRESS / ZIP CODE 2127 138. STREET ADDRESS / ZIP CODE 2127 139. STREET ADDRESS / ZIP CODE 2127 139. STREET ADDRESS / ZIP CODE 2127 139. STREET ADDRESS / ZIP CODE 2129 2129 139. STREET ADDRESS / ZIP CODE 2129 212
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on and s	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS. 2512 [YES. NO OF UTWOWN) (IF YES, GIVE WAR OR DATES) 213-09-52-1 MR BAWRENCE MARKIEWICZ HUDSON
physic onpope emoval.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC PULMWINARY ARRSOT.
deoth or attending over cort stion, er	1	Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate
that the d by the easte rem of, cremy		couse (a), stating the underlying cause last
inquires Their pl or to bur Inquey,	NON	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0
The love on the permit of permit on the permit on the permit on the permit of the perm	PETIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICSAN. 10 physic centricol ingl-thum mental thys	CAL CERT	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) CAUSE OF DEATH OR A.M. MONTH DAY YEAR P.M. 19
Offer this or the Es	MED	21d INJURY OCCURRED WHILE A WORK AT WORK 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
ATTENDI Opinal o CTOR A After see		22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive an above (I) (we) (did) (did not view the back after death. 19 10 10 10 10 10 10 10 10 10 10 10 10 10
TAL OR PA the ba RAL DIRE deflecte rate Dep		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR
O HOSPIT mouned by TO HONER hybold the mit the Sh MPORTAN		THE AND WOOD WO 30015. HANDERS BALT. MD 212 30
BP	J	SURIAL CREMATION, REMOVAL 136, DATE 4-4-87 PINE GROVE CEM MIDDLETOWN COUNTY
DHMH - 16 60M 7/84 (VRA 15, 4)	K	ACZOYOWSKI T.H. 2535 Floot St. MAY 4- 1987

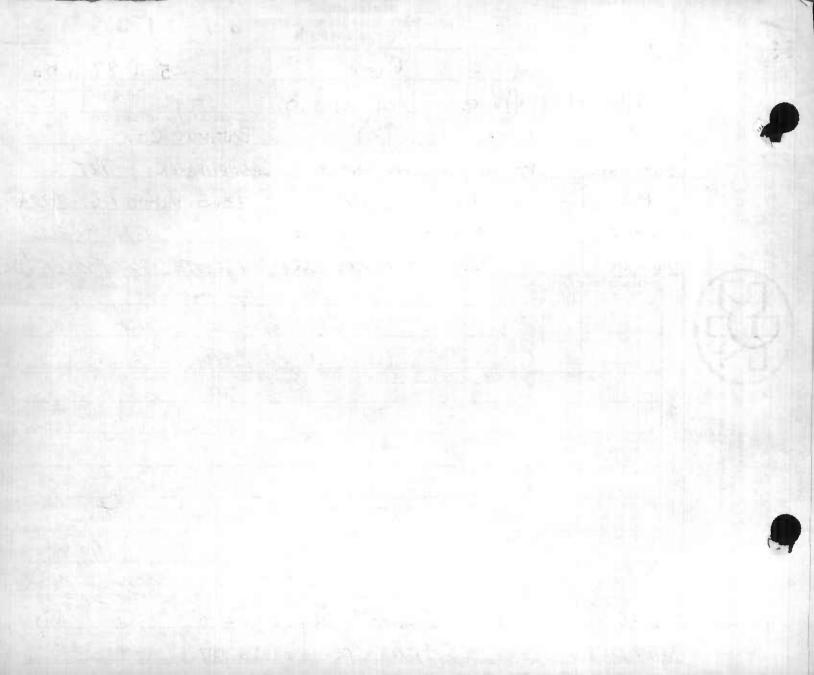


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00	1	413	10	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WEF	RE FINDING	GS USED
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	-				SPECIFY)	N, REMOVAL	236 DATE		TZ1	EMETERY OR CREMATORY	23d LOCATION	cou	NIY	STATE
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5, 26	NA CANA				(c)												
DIVISION OF VITAL RECORDS,	ULD BE EXECUTE "PENDING" IF F MEDICAL EX ED AS A BURNA HEALTH AND IL, CREMATION	_	PART 2 OTHER SIG	HEICANT CONDITION	CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERM	INAL OISEA	SE OR CONDITIO	N GIVEN IN PAR	Tito	970	1 5 1	0.145			
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	SH SOR		220. I certify	that I took char	ge of the remoi	ny descrybed obo	ve, held on	Auto	psy ,	Inspection		Inquiry	X	nd in my	opinion		
	EXAMINER: CERTIFICATION OF DESCRIPTION OF DESCRIPTION OF THE CTORY OF WITH THE MARYLAND		death resulted	from Non	rol cours A	Accident	. Su	cycle	Homic	ide .	Undete	ermined mo	nner .	,			
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	O MEDIO XECUTE AGE 4 S O FUNE ATTIMO		EXAMINER'S N (TYPE OR PRIN	AME De	ennis F	. Smyth.	M.D.		ADDRESS	111 P	enn	Stree	t . Ra	alto	, MF	212	01
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BATTIMORE, MARYLAND	23a BI		ON, REMOVAL			NAME OF CEA	AFTERY (1100	7 . 10		
		(5	PECIFY)	J. I, ILLIII O TAL	5/25/8							CATION	4412	-	YTHUC	ST	ATE
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Female White 09 12 1913 73 YRS.	Y YEAR 25. HOUR
Female White 09 12 1913 73 YRS.	, M
	UNDER I YEAR IF UNDER 24 HRS
BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8	F DEATH
Baltimore, Md. U.S.A. MIDOWED DIMORCED Baltimore City	MD
	12b. KIND OF BUSINESS OR INDUSTRY
DOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 137. VES 138. NOTHER'S MADE 14. FATHER'S NAME 15. MOTHER'S MADE 15. MOTHER'S MADE 16. MIDDLE	e 21211
Jennie B. Fleishman	
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Stevensville, No. 17. INFORMANT Stevensville, No. 17. INFORMANT Stevensville, No. 18. INFORMANT STEVENSVILLE	Md 21666 land Rd.
The state of the s	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	NIN PART 110
The design of th	WERE FINDINGS USED NG CAUSES OF DEATH?
21b. TIME OF INJURY Comparison of the property of the prope	T I OR PART 2) COUNTY STATE
220 I certify that (I) (this haspital) attempted the deceased from 19 , to 19 , and that in (m) (aur) apinian death occurred an the date and haur at the dat	, that (1) (we) last
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DI	224 DATE SIGNED MAY 10, 198
Dr. Allen M. Friedman 711 West 40th Street Balto	o., Md.

231 NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

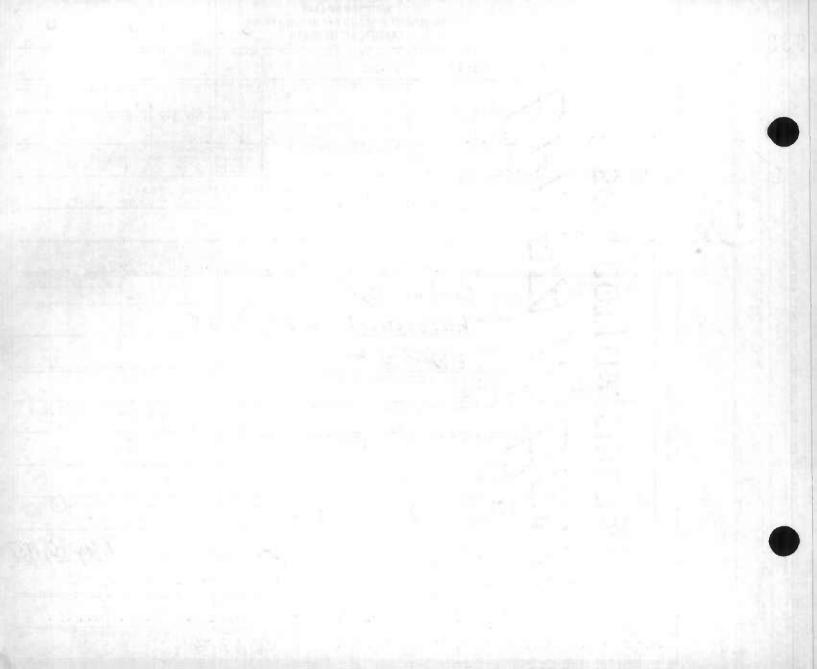
Burgee-Henss Funeral Home, Baltimore, Md.

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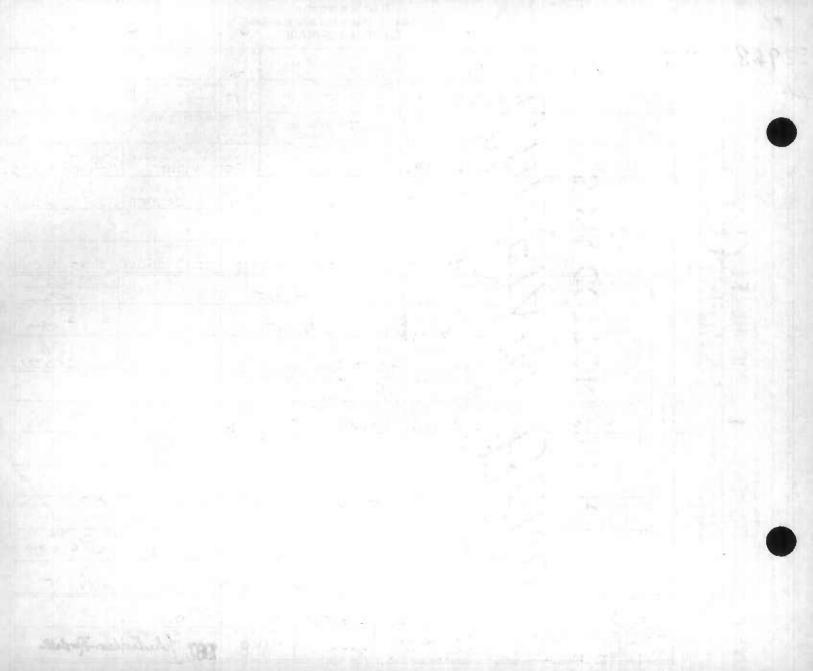
236. DATE

230 BURIAL, CREMATION, REMOVAL Burial

Woodlawn, Balto. Co., Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 12 1987



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS GILBERT RITTER MAY 6, 1987 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 7-18-1909 YEAR Male Caucasian 77 yrs. TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Md. USA WIDOWED . DIVORCED [BALTIMORE CITY 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION IT EITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFEL THE STRY S BALTIMORE THE JOHN HOPKINS HOSPITAL Accountant Connors Inc. SUAL RESIDENCE HENURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21201 136 COUNTY Baltimore 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Md. 7 W. Saratoga St. Apt 2103 YES TX NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAS1 Edward Ritter Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) 215-10-5805 Marie Ritter same address as above ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o.), (b.), and (c.)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 776. SIGNATURE DEGREE 77¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME MYPE OR MINIS 77e ADDRESS FUNER old be 1520 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE (SPECIFY) 5-9-87 Burial Holy Redeemer Cem. Balto., Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Schimunek Funeral Home, Inc. DHMH - 16 60M 7/84 MAY 8 (VRA 15. 4) 3331 Brehms Lane, Balto., Md. 1 mil



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	10.				
EATH	MONTH	DAY	YEAR	7b	HOUR

	UL	REGISTRAR				CERTI			RE	G. NO.		
3		CEASED NAME	FIRST	7 (1)	WIDDLE	Ļ	AST		20. DATE OF DEA	нтиом Н1	DAY YEAR	76 HOUR
1	TYPE	OR PRINT)	Lorrai	ne D	orothy	RI	TTER of			5 -	21-87	4.44 A M
	3. SEX	١		4 RACE	1	5. DATE C			6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	-	Female	е	W	hite	MONTH	ZDAY	Z9	58	YRS	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE	OR FEMALISM	16 CITIZEN C	OF WHAT COUNTRY	? 8	D NEVER M	APPIED [9 BALTIMORE CI	TY OR COUN	ITY OF DEATH	
Z		Ma:	ryland	10	USA .	WIDOWE	1.00	ORCED [13-1	hinore	city	MD.
	CI	TY OR TOWN OF	DEATH		OF HOSPITAL, NURS		R OTHER INST	ITUTION	120 USUAL OCCU			F BUSINESS OR
	2 1) allmor	4	Sonl			non H	osp.	Homen	1.	Stire) INDUSTRE	
2		AL RESIDENCE (IF	TIM COUN	ITY	136 CITY OR TO		134. INSIDE CI	TY LIMITS?	13e STREET ADDR	ESS / ZIP CC	DDE	
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1	14. FA	THER'S NAME		MIDDLE	C :ASI	,	15 MOTHER'S	MAIDEN NAM	AE MIDI	116	1 45	
2	1	William	1	Н.	Reynol	ds	2	nie		J •	Snyd	ler
7		VAS DECEASED E		MED FORCES		URITY NO.	17 INFORMA	NT.	A	DDRESS		
4		No	1 (# 123. 317		212-26	-0808	Richar	d C. R	itter, 42	2 Rose	Avenue	
•					per line for (o), (b), o	ind ici.1					BETWEEN	MATE INTERVAL ONSET AND DEATH
	4	PART I. DEAT	H WAS CAUSE IMMEDIAT	DBY: ECAUSE(o).	Culd	10001	mongo	7 91	rest			
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		gove rise to	immediate	2015 70	00 10 1 50 1050							
		underlying co	~	DUE 10,	OR AS A CONSEQU	DENCE OF					TO DES	
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1	IFIC			The state of					YES T NO		TIFYING CAUSES	OF DEATH?
	CERTIFICATION	210. ACCIDENT WAS	UNDERLYING T	21b. TIME	E OF INJURY		71c HOW IN.	URY OCCURR	ED (ENTER NATURE O			
1		OR CONTRIBUTING		in a	A.M. MONTH							
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	ME	WHILE NO	T WHILE []		STREET FACTORY, OFFICE	FARM ETC)	STREET		CITY	OR TOWN	COUNTY	STATE
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			eased glive on		the deceased from	200	nd that in (max)	our) opinion o	death occurred on t	he date and h	- /	thotal (we) lost
	+		e) (didy(did as		dy ofter deoth.		DEGREE			20.00.101	22¢ DATE	
		/	10000	1		7	A	TTENDING _	MEDICAL	STAFF A	III DATE	11-07
1		22d NUSSEL N'	S NAME UNES	D DDINITI A			77e ADDRESS	HYSICIAN L	DIRECTOR PH	IYSICIAN	13-	41-0/

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: 14

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE 5/25/87 Burial

73C NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

Baltimore

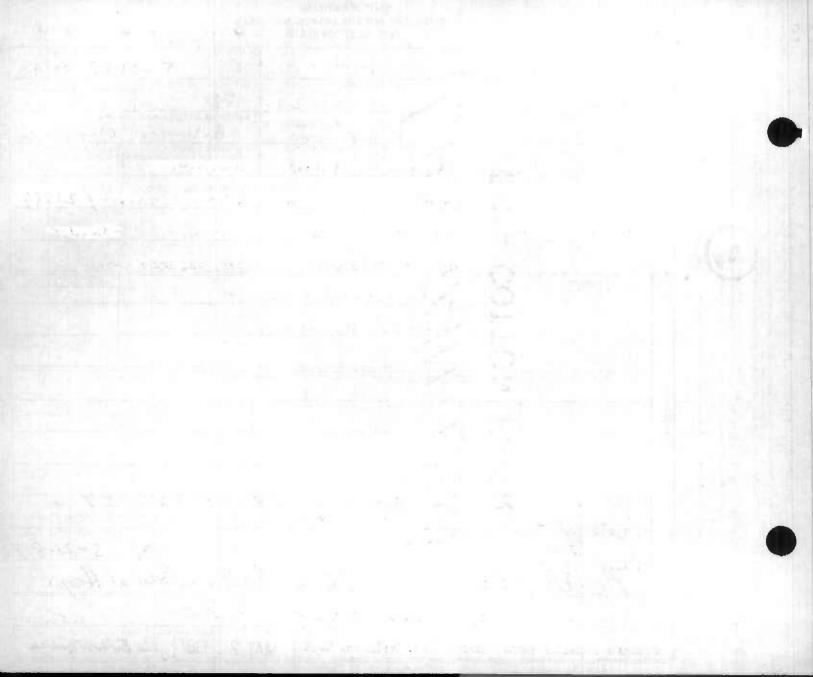
24 FUNERAL DIRECTOR

FOR STATE

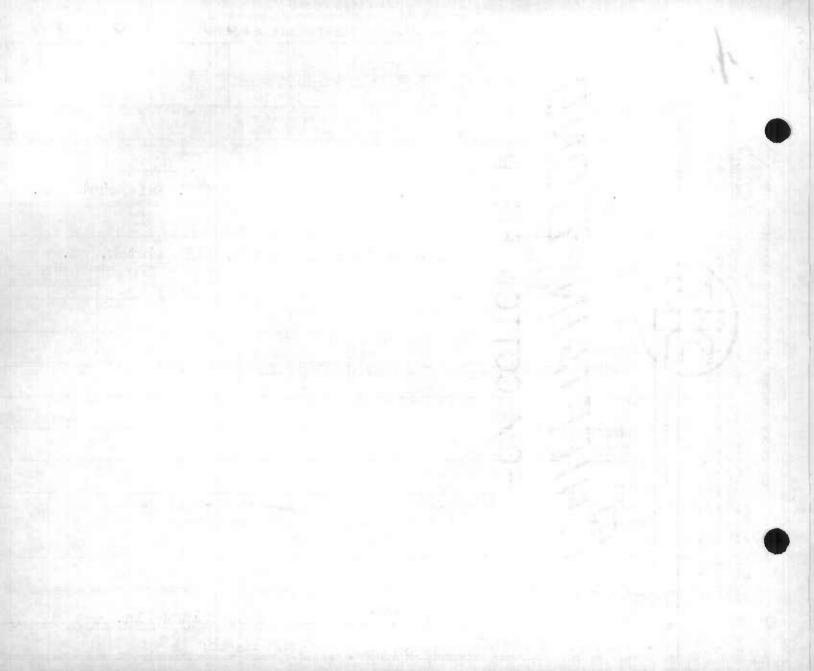
Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

21229 756. DATE REC'D. BY REGISTRAR'S SIGNATURE

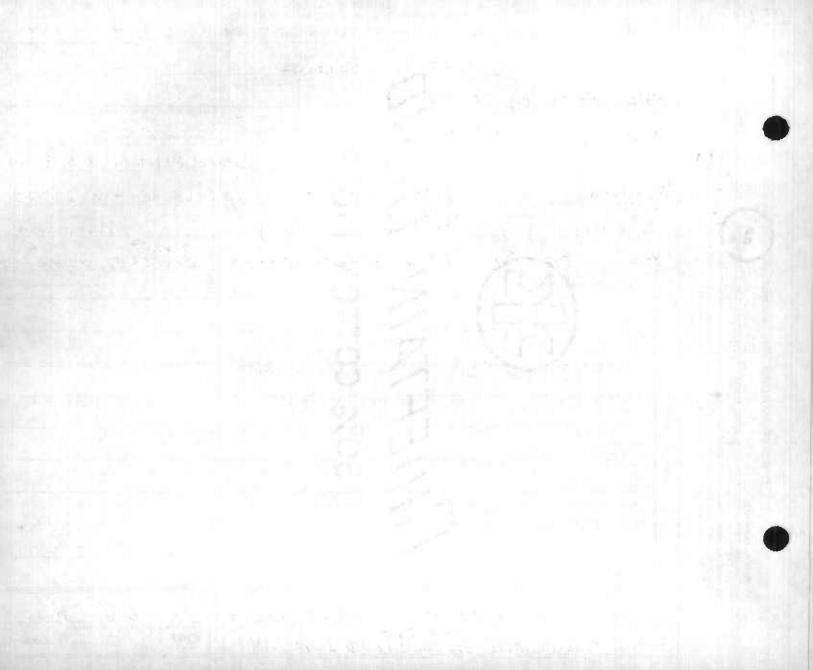
AVE. MAY 2.2 1987



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN X MONTH 16 HOUR DAY (TYPE OR PRINT) ESTI-DEATH MATED \$5-17-87 10 RIVER DORIS 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS SEX 4. RACE 5. DATE OF BIRTH DATE 2d. HOUR YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 5-17-87 10 B:15A 2 DEAD Black H. IF ANY DELAYNS NETESAR 2. AND 3 TO THE FUNERALD 3. RETAIN PAGE 5 FOR YOU 2 SHOULD BEFILED, WITHIN 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY U.S. Baltimore City Florida WIDOWEDX DIVORCED 10. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Fairmount Avenue 2709 W. Baltimore USUAL RESIDENCE (15 IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY Balto. 13d. INSIDE CITY LIMITS? Fairmount Md. YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Hattie Nunn Moses 16h SOCIAL SECURITY NO ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES) Raymondo O, Neal Clinton, 216-28-6519 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CENTRALL STORE "PENDING", IN PENCIL IN LIGHT EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN LIGHT ALONG W. BREG 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W. TO FUNKEL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D. BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL GISEASE OR CONDITION GIVEN IN PART 1.0 CERTIFICATION 19s DATE OF OPERATION 19s. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [] THE EXTERNAL CAUSE WAS TIB. TIME OF INJURY THE HOW INSURY OCCURRED LENGTH HATCHE OF PLACES IN FART I OR FART 75 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY HAT HOME THE LOCATION STREET, FACTORY, FARM, ETC. V. STARRET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 278. Ecentify that Etook charge of the remains described above, held on Autops Natural courses Undetermined manner ACTUAL 5-17-87 DATE ssistant SIGNATURE MEDICAL EXAMINER 5KGNED EXAMINER'S NAME 111 Penn Street Dennis F. Smyth M.D. (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE NAME OF CEMETERY OR CREMATORY STATE uknown Lakeland 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Wainwright a Davidson. Randalle Edmondson (VR A15 ME (5))

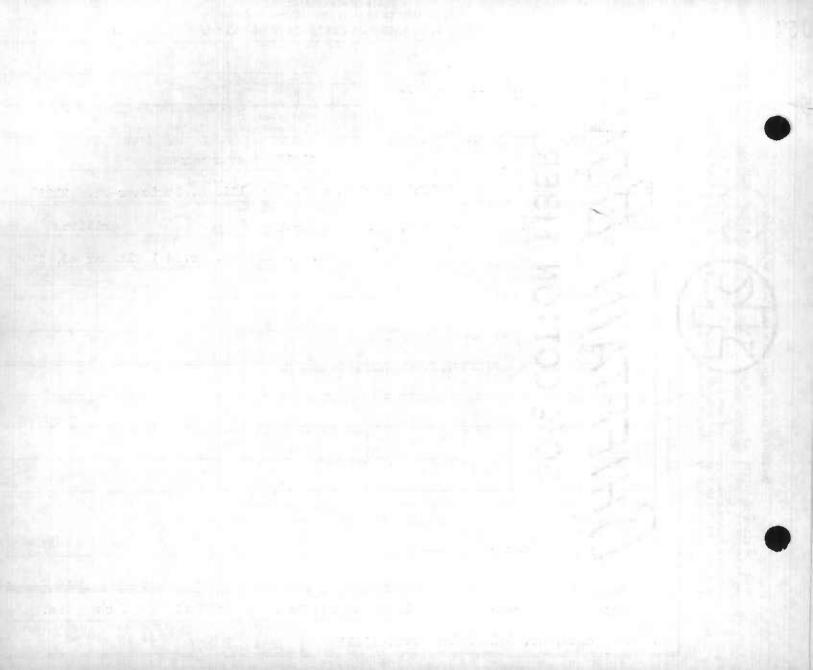


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	F ANY DELAY IS NECESSARY, PIEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. HOULD BE FILED. WITHIN Y 2 HOURS. RECORDE—FOI W. PRESYON STREET,		Baltimore	133 S. Lou	don Avenue	9	Carce	er Milit	ary U.S	Army
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	S S S S S S S S S S S S S S S S S S S		BART 2 OTHER CICKICICANT CONDITIONS	(c)						
DIVISION OF VITAL RECORDS,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNKAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	I KELATEU TU THE TERMIN	AL DISEASE OR CONDITION G	IVEN IN PART 1 (0)			
REC	- CALAS	CERTIFICATION	19a. DATE OF OPERATION	TISK CONDITION	EOR WHICH OPERA	TION WAS PERFORME	D2		Too allow	00540
¥	A SEE	5		I'M. CONDITION	OK WINCH OF EKA	TION WAS FERFORME	.01		20 AUT	OPST?
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Ö	A STEEP	2	210 EXTERNAL CAUSE WAS	HOUR A.M. MO		216. HOW INJURY OF	CCURRED (ENTER NATUE	RE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
O	E E E E E E E	S	CONTRIBUTING CAUSE OF	DEATH P.M.	19					
N N	PR SEP	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJ		211 LOCATION STREET				
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	¥#5¥##		SIGNATURE WAN)me like	de	m.dAssist	antMEDICAL	EXAMINER	SIGNED 5-	12-87
	NO SE A SE		EXAMINER'S NAME							
	¥ CH SE EN		(TYPE OR PRINT)	Margarita A	Korell A	ADDRESS	111 Penn	Street		
	522549	23a.BI	JRIAL, CREMATION, REMOVAL	3b. DATE	23c. NAME OF CEME	TERY OR CREMATORY		ION	COUNTY	STATE
07/84	BP	E	Burial	19 May 87	Garrison Fo	rest Vet. (Balte.	Md.
25M		24 FU	INERAL DIRECTOR		X 268				TRAR'S SIGNATURE	
	DHMH - 17 (VR A15 ME (5))	1.5	ACK FUNEDAL	HOME FLL	and the second s	MD ZICUB	MAY 19	1987	a Divideon.	Rendales
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	-	CEASED NAME	FIRST		MIDDLE		LA	NST .		2a DATE			ONTH DA	LY YEAR	26 HOUR
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ED, WITHIN 72 HOURS	2.00		John		Α.		Rob	bins			MATED			0 1987	M
STR	3. SEX		I. RACE	5. DATE OF BIRTH MONTH DAY	YEAR	6. AGE (IN YEA LAST BIRTHDA			ER 24 HRS.	PRONOUN		MOM	NTH DA	AY YEAR	2d. HOUR
	Má	ale	White	03 11	64	23 YR	. Moining	DA13 HOGRS	MIN	DEAD			5 20	0 1987	5:45P
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-	10.0	TY OR TOWN C		11. NAME OF HOS		2010 0110	WIDOWE		RCED L		ltimo			White Of 5:	MD.
7				(IF NOT IN SUCH FAI	SHITY, GIVE ST	REET ADDRESS)			FOR:	MOST OF WOR	KING LIPE	YPE OF WO	ORK 120 F	KIND OF BU OR INDUSTI	RY
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-	14. F/	ATHER'S NAME					i	S MOTHER'S MA							
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		IN CAUSE OF	DEATH (Enter only	one couse per line	for (o), (b)	ond (c).)							В	APPROXIMATE	T AND DEATH
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ENTAL HYGIENE, OR REMOVAL.			s, if ony, which												
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URIAL, CREMATION, C		lying cous		1 50E 10; OK	AS A COIT	SEGOEIACE C							3.3		
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§	2	PART / UTHER SIG	HISICANI CONDITIONS C	ONTRIRUTING TO DEATH I	IUT NOT RELA	TED TO THE TERMI	NAL DISEASE D	R CONDITION GIVEN IN	PART 1 Id						
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3	N N	ING. DATE OF	DERATION	198 CONDII	ION FOR	WHICH OPER	ATION WA	S PERFORMED?					20	AUTOPSY?	?
1		4.00												YES XX	NO 🗌
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		AT WORK	AT WORK										- 1		
		22a I certify	that I took charge	of the remains desc	ribed obo	ve, held on	Autopsy	X. Inspec	tion .	Inquiry		ond in m	ny opinion	1	
MAND, 21201 PRIOR TO BURIAL, C		death resulte	d from: Noture	ol couses X,	Accident	L], Sui	cide .	Homicide	Undet	ermined mo	onner				
K			1	1				TITLE (SPECIFY)							
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STATE OF MARYLAND



STATE OF MAI	RYLAND
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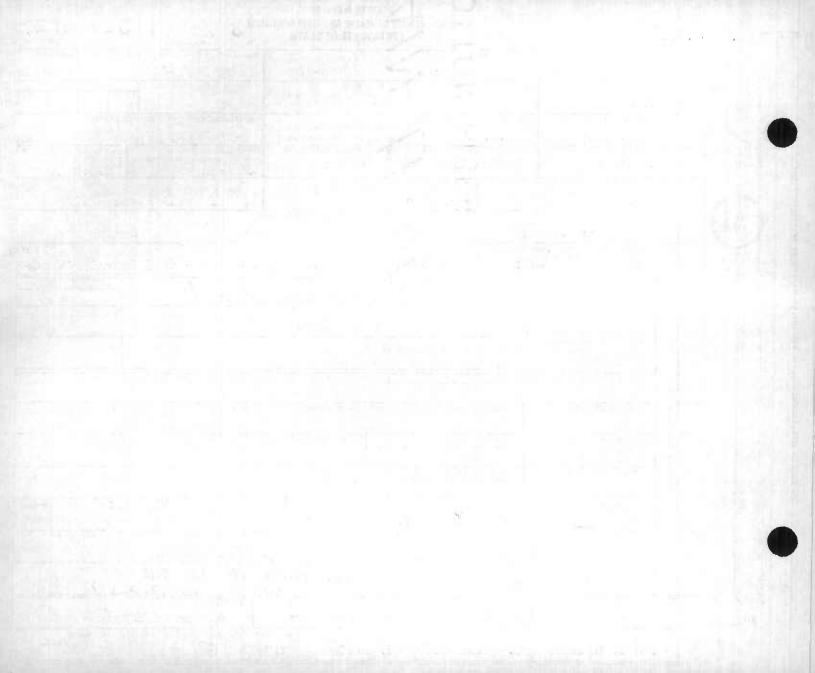
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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REG NO					

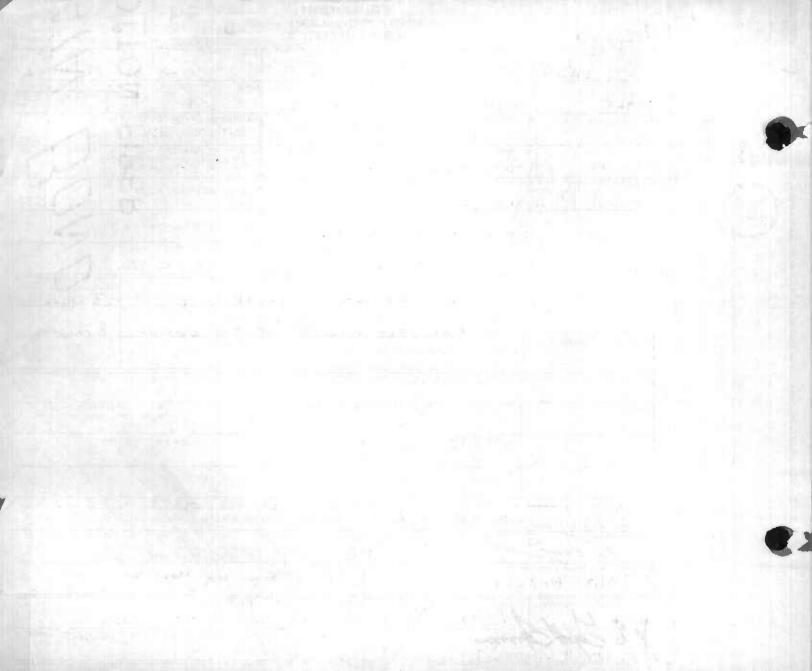
3 13	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 /).	3 9	4 2
	ECEASED NAME	FIRST	A	AIDDLE	ı	AST	2a. DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR
1	PL OR PRINT	George	2	Roth		Roberts	May 31,1	987		6:45P.M
3. SI	EX	4. F	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
	MAle		White		9-1	2-1911 YEAR	75	YRS		
7a. E	BIRTHPLACE (STATE OR FO	DREIGN 76.	76. CITIZEN OF WHAT COUNTRY?			NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH			
I	Balto. Md.		U.S.A		WIDOWE	D DIVORCED	Baltimor	e City		MD.
	Baltimore		6813sug	Everali ree	Avenue	-21206	(TYPE OF WORK FOR MOSTO) REtired			& E.
13a	UAL RESIDENCE (IF NURSIN STATE MD.	NG HOME OR OTH		Baltimo	VN	13d. INSIDE CITY LIMITS? YES TO O	13e STREET ADDRESS A	ZIP CODE 11 AVe	nue-21	206
14. F	FATHER'S NAME	MID	DLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAS'	1
1	Albert	Robert	S	7505-R			erta		rlipp	
	WAS DECEASED EVER I			16h SOCIAL SEC		17 INFORMANT	ADDRE			2120
L	Yes. NO OR UNKNOWN)	(IF YES, GIVE W.	Ι	212-10-9	9874	Elizabeth J.	Roberts - 6813 F			
	18 CAUSE OF DEATH PART I. DEATH WA	LEnter only o AS CAUSED B IMMEDIATE C		line for (o), (b), a	ende	Pulmenus	Hrrest		BETWEEN C	MATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERMI	INAL DISEASE OR CON	PALE	N IN PART 110	
TIFIC	THE DATE OF OFERINA						YES NO YES NO NO			OF DEATH?
	210. ACCIDENT WAS UNDE	21b. TIME O HOUR A.	M. MONTH	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)		
MEDICAL	21d. INJURY OCCURR	ED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		FARM ETC)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	22a.1 certify that (I) (this haspital) attended the declased from									
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									22c. DATE	SIGNED
	22d. PHYSICIAN'S NA.	40 T	HANT				TITO MT	DR N2	37	
730.	BURIAL, CREMATION, R	REMOVAL	6-3-8			d Cemetery	23d LOCATION CITY OF JOWN Baltim	ore,Ma	ryland	STATE
	FUNERAL DIRECTOR John C. Mill	ler, In	nc64	15 Belain	r Rd		REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAT	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



e e #	11 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTAL H	YGIENE R 7	1394	
e 6. £		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
70 0	I. DE	CEASED NAME Lawr		Herber	t R	Roberts, Jr	20 DATE OF DEATH MONTH	26 81 11:20	
4 may be or. page 3 ofter death	3. SE	X	4 RACE		5. DATE C	DE BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24	
h. Page ol direct		MALE IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	XNEVER MARRIED	D BALTIMORE CITY OR COL		
the full	10 C	aryland ITY OR TOWN OF DEATH Baltimore	11. NAME OF	CH FACILITY, GIVE STREET	ACORESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS INDUSTRY	
file file	-100	AL RESIDENCE (IF NURSING HOME OR STATE 111 COUN		amaritan			Truck Driver		
	٨	Maryland Balt	imore	Cockeys		13d. INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN N		View Rd., 211	
12/2	1	Lawrence	Herber			Olevia	MIDDLE	Tracey	
Post Post		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? E WAR OR DATES)	218-32-		Jane E. Ro	berts, same as	13e.	
hysicia popers aval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly ane cause pe D BY:	r line lar (a), (b), and			esufficience!	APPROXIMATE INTERVA	
equires that the death or n signed by the attending Then please remove cart to burial, cremation, or injury, or ather traumatic	NO	Conditions, it any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).							
The low re- icion. The hos been sit permit. I giene prior shows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IN C	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATHS YES NO NO	
ng physician. certificate has rial-transit per ental Hygiene them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A		AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
or attendin After this c e as the bur ofth and Me marked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STA	
CTOR: for us of He		220.1 certify that (1) (this hospi saw the deceased alive an above, (1) (we) (did) (did no	65	126 19		nd that in (my) (aur) apinio	an death accurred on the date and		
by the hor ERAL DIRECTORY State Dept.		276 SIGNATURE	5				MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED	
TO HOSPITAL etoined by 11 TO FUNERAL should be det with the State IMPORTANT:		FAOT (CH	AWLT			Good 5	Samaritan Hosp	ilal	
BP	23a E	Burial, cremation, removal (Specify)	13h DATE	/87 Po	plar ove	EMETERY OR CREMATORY Jnited Meth.	Ch. Phoenix	Balto. Md.	
U1	24 71	16 3 1	4	U. IOI	ove .		ATE REC'D. BY REGISTRAR 256. RE		

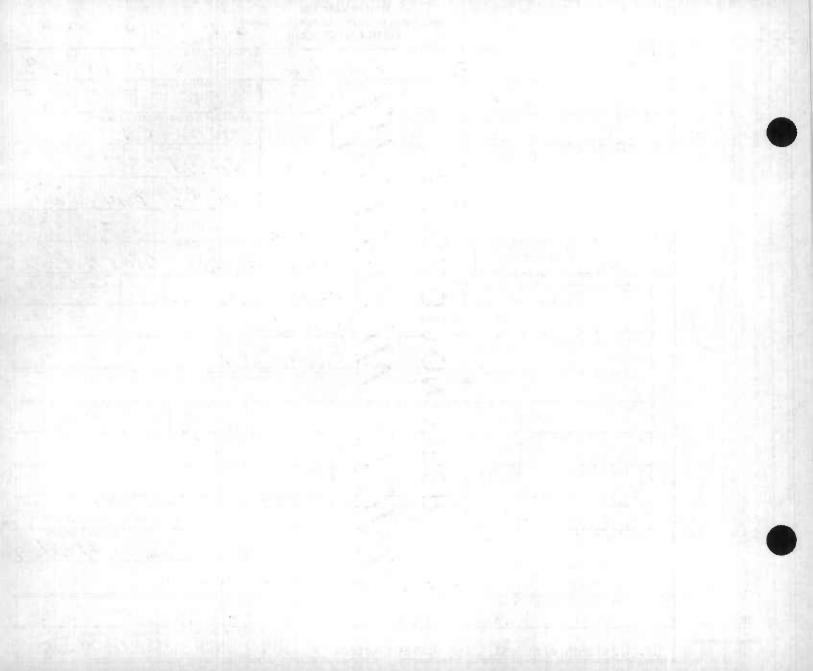


2501 GWYNNS FAUS PKWY, BALTO, MO, 21216

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

NATE OF STREET STREET,
	1			STATE OF MARYLAND		
277 001	1-	FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENES PREG. NO.	3 9 4 5
317 3011		EASED NAME FIRST	MIDDLE	CAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
deoth deoth		HARRY	<i>D.</i>	ROBINSON	5	2987 2/21
rs ofter d	3. SEX	Male	1 RACE Black	5. DATE OF BIRTH MONTH 12/13/17	6 AGE (INYEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
un 72 hou		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUP	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	C + 4 MC
of with	10 CT	ALTIMORE	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION (STREET ADDRESS)	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Must be m	USUA 13a S	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION) 13d INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP C	2/2/6
2 sho	I4 FA	THER'S NAME	MIDDLE HA	YES NO D	NAME MIDDLE	DONNEL PER
30	1	ta yard	De	2000 Pauline		(14HDNS)
Poges		AS DÉCEASED EVER IN U.S. AR ES, NO OR UNKNOWN] (IF YES, GIV	RMED FORCES? 166 SOCIAI VE WAR OR DAIES) 215-	18-5680 Cather	ne Bass	2500 N. Rosecka
in agreed by the otherhorn Than please immore curb to buriell committee. In injury, or other commits	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CON	rang Obstruct	CA RMINAL DISEASE OR CONDITION	I GIVEN IN PART Ita
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IN CE	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
and Hope and 18 as a second	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEA	A 18 PART OR PART 2)
and Me	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
for use of Health		22a. I certify that (I) (this hospi sow the deceased alive on above (I) (we) (did) (did no	/2 A	from 5/27, 19 87, and that in (my) (our) apinio	7, to 5/29	hour and from the causes stated
KAL DIRE detoched tote Dept		226. SIGNATURE	ull	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED 5 / 29/8
O FUNERA hauld be di who stand		Symuel L	B MILL	220 ADDRESS SINIA	1 HOSPITAL	
P	23a. B	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24.5	Burial	6/3/87	King Memorial Park	Randallstow	
AH - 16 60M 7/84 (VRA 15, 4)		neral director n. C. March F/H	H West 4300 N		N 2 1987	Distant Rodals

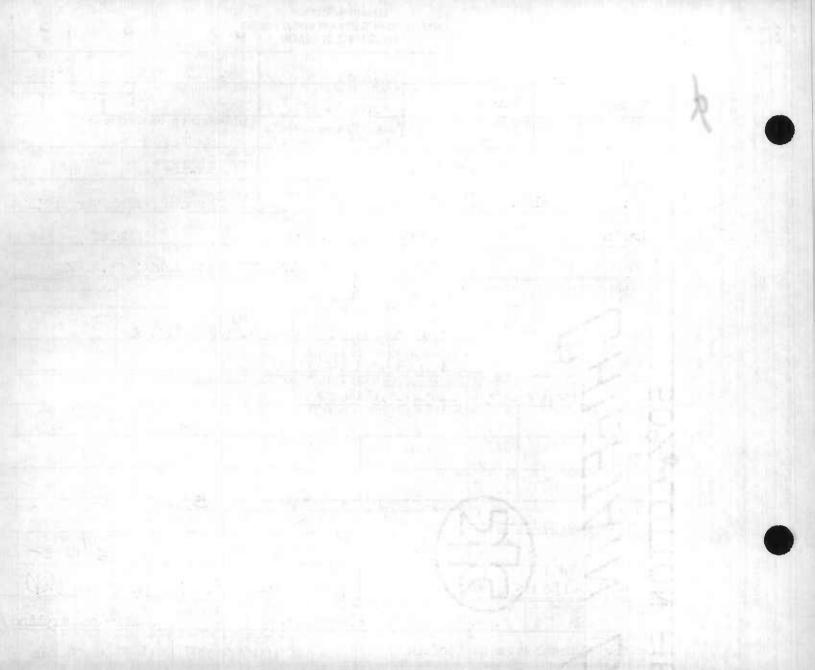


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Conneily Funeral Home of Dundalk

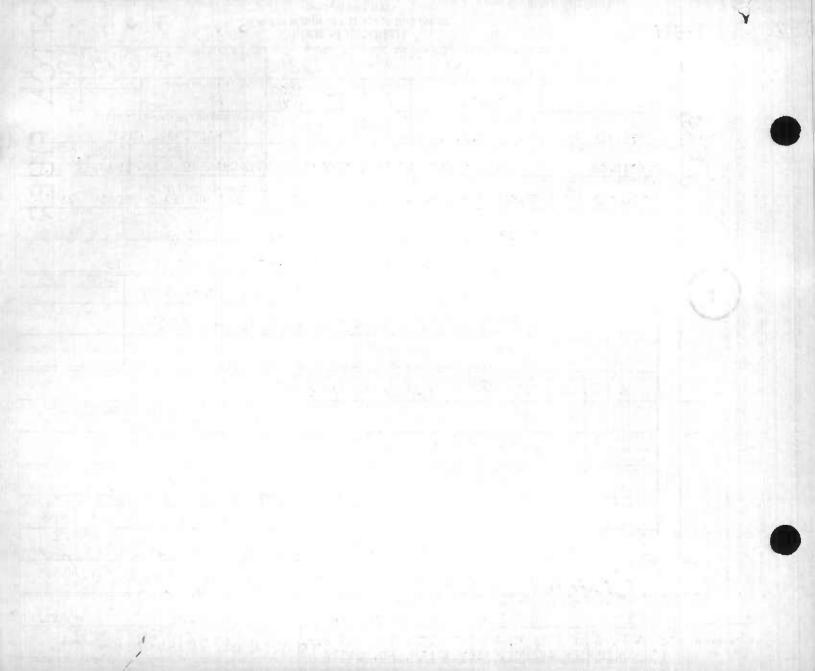
24. FUNERAL DIRECTOR

250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1 1:2 Tindon Pandall



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST I, DECEASED NAME 21 HOUR O. DATE KNOWN X MONTH TTYPE OR PRINT! Rameo 12 1987 Michael DEATH MATED Robusto 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS SEX DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) 9:45A PRONOUNCED White Male 1917 70 1987 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVER MARRIED New York U.S.A. Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY North Charles General Hospital Truck Driver Baltimore Brewery SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS lo STATE 13b COUNTY 13c. CITY OR TOWN 119 S. Eaton St./ Baltimore Maryland YES X NO [] 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Michael Nardone Robusto Jenny 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESSBalto., Md. 21224 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212/07/2787 Lorraine Williams 1310 S. Anglesea St. WW II Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, AATION, OR REMOVAL. IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO FORWARDED TO THE CHIEF MEDIC OR: PAGE 3 SHOULD BE USED AS A I HE STATE DEPARTMENT OF HEALTH IND, 21201 PRIOR TO BURIAL, CREM CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [] 21a EXTERNAL CAUSE WAS 2 Th. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STIRMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion Natural causes XX death resulted from Homicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 5/13/87 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 5/15/1987 Baltimore, Maryland 21224 Oak Lawn Cemetery 07/84 25M 24 FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR **DHMH - 17** Walter Brooks Bradley, The. Balto., Md. 21222 (VR A15 ME (5)) alea Dende





Baltimore, Md.

(VRA 15, 4)

Leonard J. Ruck, Inc.

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	- 1				STATE OF MARYLAND		
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			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
0.533.5	ROMAY		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
9 64		I TYPE	ORPRINT) HARRY		Kansast	MAU	1087 1150
do do	5	3.5E	11771-1-	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTIND)	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
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e de		-	1"	W	2 21 1913	14	YRS.
4	51		OUNDER A A A	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
10	200		MATYLAND	USA	WIDOWED DIVORCED	KACTO,	MD.
5	87	10.5	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
= H=	1770	15	4010	(IF NOT IN SUCH FACILITY, GIVE STREET	N. El	TYPE OF WORK FOR MOST OF WE	DRKING LIFET INDUSTRY
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5 4 4 P P P P P P P P P P P P P P P P P	3	13o. S	TATE 136 COUN	NTY BITY OR TO		13e STREET ADDRESS / ZI	· · · · · · · · · · · · · · · · · · ·
E I		14 5 4	THER'S NAME	DACE	YES NO D		WOOD AVE
ARY		1	16 1 FIRST ON	MIDDLE D LAST	13. MOTHER'S MAIDENINA	MIDDLE	- 1 . LASIN - 0
E (I A)	7 81	1	VILLIAM	KOMANS	MANY	JANE	SCHAFFER
M 1			AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
X A				212-0	7-4050 JOSEPH K	III SUAMO	NSTREPERSI
ALT objects	± ±		IB CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), a	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E CITCO	ent sent		PART I. DEATH WAS CAUSE	D BY:	Acute M.		IMMEDIATE
IS Z	2		IMMEDIA	TE CAUSE (a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1. (() () ()
oth send	an, a		C== 124 = - 35 - 1 + 4	DUE TO, OR AS A CONSEQU	ASCID		MANY YEAR
RES	frau		Conditions, if any, which gave rise to immediate	(b)	ASUV		The County
7. 4 4 4 4 1	her		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF		
tho tho	or of		onderlying coose last.	(c)			
. 2 =	o bur	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ON GIVEN IN PART I I a
RECORDS low requi	or to	CERTIFICATION	CVIT, say	m prison	Dementia, &	ze z	
EC P	1 0	CA	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY? 20	ID. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	ows 7	TIE				YES NO	YES NO
VITAL NI: The	Hyg 48 sh	Ü	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
	He mtol	AL	OR CONTRIBUTING CAUSE OF DEA		19		
DIVISION OF ING PHYSICIA offer this certif	2 5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
VISIO	and	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
Afte ON O	nark		AT WORK	A-D - Mandal Aba da 1 C -	3-20- 1081	5-10	
DR.	H is		saw the deceased alive on	ital) attended the deceased from	19_1	, to	. 19 , that (I) (we) last
ATT ATT	2 0 0		abave, (1) (we) (did) (did no	it) view the body ofter death.	, , , , , , , , , , , , , , , , , , , ,	death occurred on the date	and have and from the causes stated
0 e 0	Dep F Re		22b. SIGNATURE CUAL	Lan	DEGREE ATTENDING _	MEDICAL STAFF	22c DATE SIGNED
A Part of the Part	e 5		1000	10.01	PHYSICIAN [DIRECTOR PHYSICIAN	10 5-071
d b	TAP STAP		27d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	11/1/1/1	DOWN LATTO, MD
TO HOSPII	with the Stor		TANNKAT	y Flotan	1528 KLNO	WILLIAM	DRIVE, BACTO, MD
5 5 5	3 3	23o B	URIAL, CREMATION, REMOVAL	, 236 DATE / 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	ZIVE Y
BP		1	PE MATINA	5/12/2	Efferment of	CITY OR TOWN	COUNTY
		24 FL	INERAL DIRECTOR	19/09/01/01	250 QAT	E REC'D BY REGISTRAR 256	REGISTRAR'S SIGNATURE
DHMH - 16		12	NAME BOD ON	1000 1 5 00000	E ROTE ST	AY 1 2 1007	- Fandest
(VRA 1	5, 4)	2	CHOUNGER.	1 100N 0015	- NCO 12/1	TO TO DOIL	

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	Poge 4 may	director, page.	3. SEX	M	4	RACE 3	>
	death Pag	uneral dire		RTHPLACE (STATE OR FO	OREIGN 7	CITIZENOF	WHAT
10	s after d	by the funeral	R	TY OR TOWN OF DEA	TH I	1. NAME OF I	HEACIL V
AND 212	6	A PE	I3a S	AL RESIDENCE (IF NURSIL TATE MD	NG HOME OR O	THER INSTITUTION,	13t C
MARYL	1	$\mathbf{z}_{\mathbf{x}}$)	David		IDDLE	
TIMORE	be eneco	S. Pages R. Medico	(1)	VAS DECEASED EVER I ES. NO OR UNKNOWN) Y C S		ED FORCES? WAR OR DATES)	166 5
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	low requires that the death certificate	After this certificate has been signed by the attending physician e as the burial-transit permit. Then please remove carbon papers. Path and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the results to the contract of the contract	CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which dediate go the lost.	BY:	R AS A
DIVISION OF VITAL	OR ATTENDING PHYSICIAN: The	R. After this certificate has bee use as the burial-transit permit. tealth and Mental Hygiene prior is marked or item 18 shows any	MEDICAL CERTIF	216. ACCIDENT WAS UND OR CONTRIBUTING C C IF EITHER, NOTHY MEDIC 216. IN JURY OCCURR WHILE NOT WHILE AT WORK ALL WOR	AUSE OF DEATH	21b. TIME O HOUR A P 21e PLACE ((AT HOME, STR	M. / M. OF IN
	TO HOSPITAL OR ATTENDIN	TO FUNERAL DIRECTOR: After this certification of the buridary should be detached for use as the buridary with the State Dept. of Health and Mental MPORTANT: If Hear 21 is marked or them		22a.1 certify that (I) sow the decease above, (I) (welfd 22b. SIGNATURE 22d PMYSICIAN'S NA	dalive on igh (did not		1
	TO To refoi	shou with	23a B	SURIAL, CREMATION, I	REMOVAL	23b DATE 5/22/	/87

24 FUNERAL DIRECTOR

March F/H

- STATE

(TYPE OR PRINT)

REGISTRAR

I. DECEASED NAME

054238 HAY

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MADDLE 2a DATE OF DEATH MONTH 26 HOUR E. 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 1 DAYS YRS BALTIMORE CITY OR COUNTY OF DEATH AT COUNTRY? MARRIED NEVER MARRIED Baltimore City DIVORCED WIDOWED MD. PITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR ILITY GIVE STREET ADDRESS [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY N/A RESIDENCE BEFORE ADMISSIONS 130 STREET ADDRESS ZIP CODE 2809 Walbrook Ave. 21216 CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore YES [7 NO 15 MOTHER'S MAIDEN NAME LAST MIDDLE Holden Mary Rone **ADDRESS** SOCIAL SECURITY NO. 17. INFORMANT Mary Kersey 2725 Walbrook Avenue 20-22-5233 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH for 10), (b), and (c).) CONSEQUENCE OF A CONSEQUENCE OF RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 N FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO T IJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) MONTH DAY YEAR 19 NJURY 211 LOCATION CITY OR TOWN COUNTY STATE FACTORY, OFFICE, FARM, ETC.) STREET eceosed from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

> 23d LOCATION CWINGS

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S, SIGNATURE

MiPuris

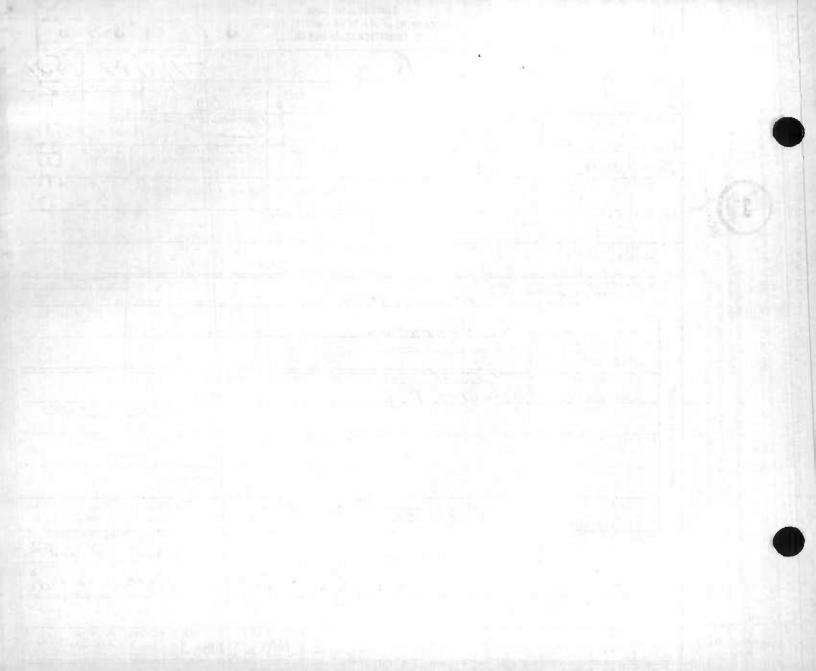
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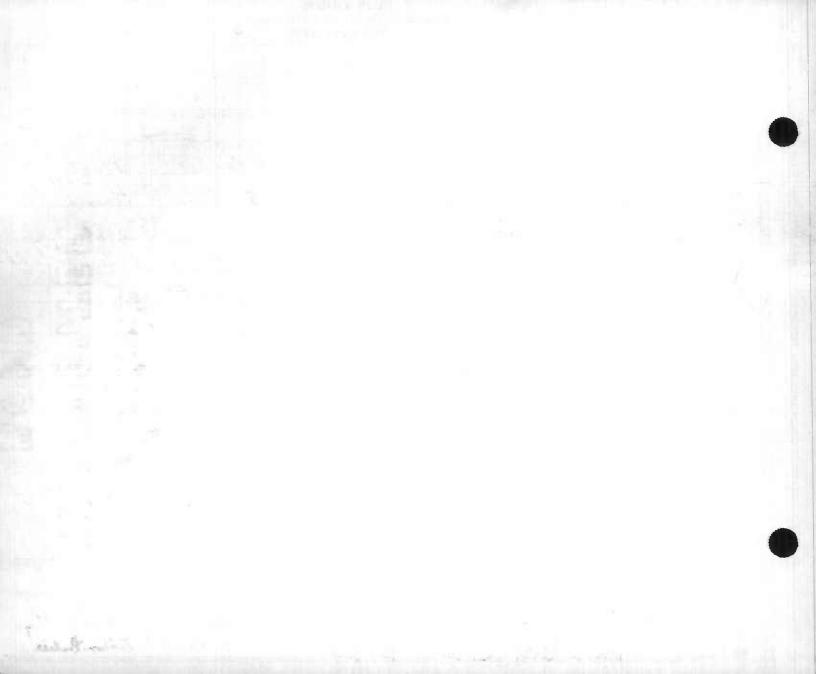
23c NAME OF CEMETERY OR CREMATORY

Garrison Froest

1101 North Ave.

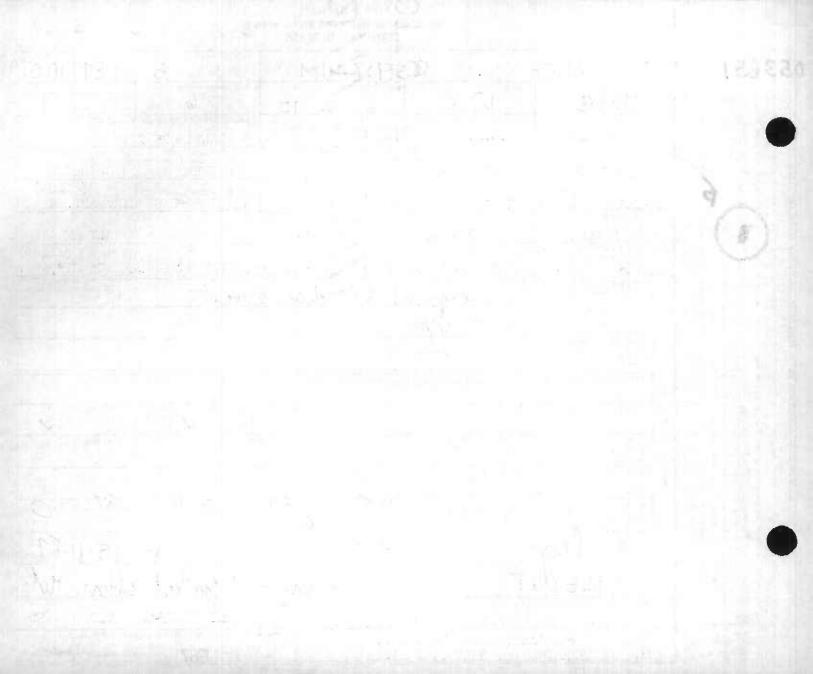


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR ROOKS MARGARET AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR S DATE OF BIRTH YEAR 07 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION ENTY OR TOWN OF DEATH 134 INSIDE CATY LIMITS? 136 COUNTY NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME IN U.S. ARMED FORCES SOCIAL SECURITY NO IYES NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 220-18-6678 PART I. DEATH WAS CAUSED BY: CARDIO-RESPIRATORY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) SEVERE RESPIRATORY FAILURE Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Theroscleratic Cardio vaccular Disease Dehydration 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 706, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN AT HOME STREET FACTORY, OFFICE FARM ETC) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. 5-24saw the deceased alive an S-24-above, (1) (we) (did) (did not) view the bady after death and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated 226 SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL MD PHYSICIAN DIRECTOR PHYSICIAN d b medical NAME OF CEMETERY OR CREMATORY 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

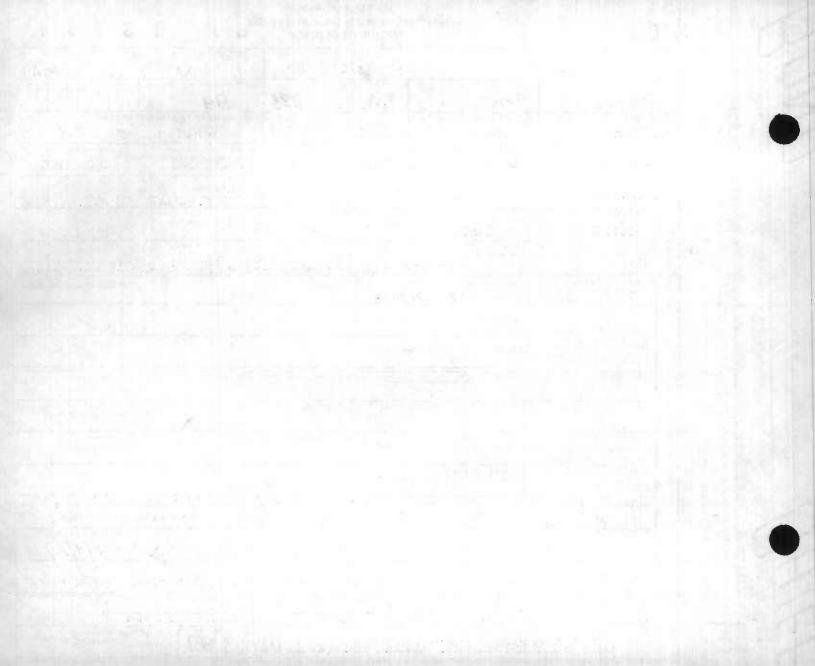


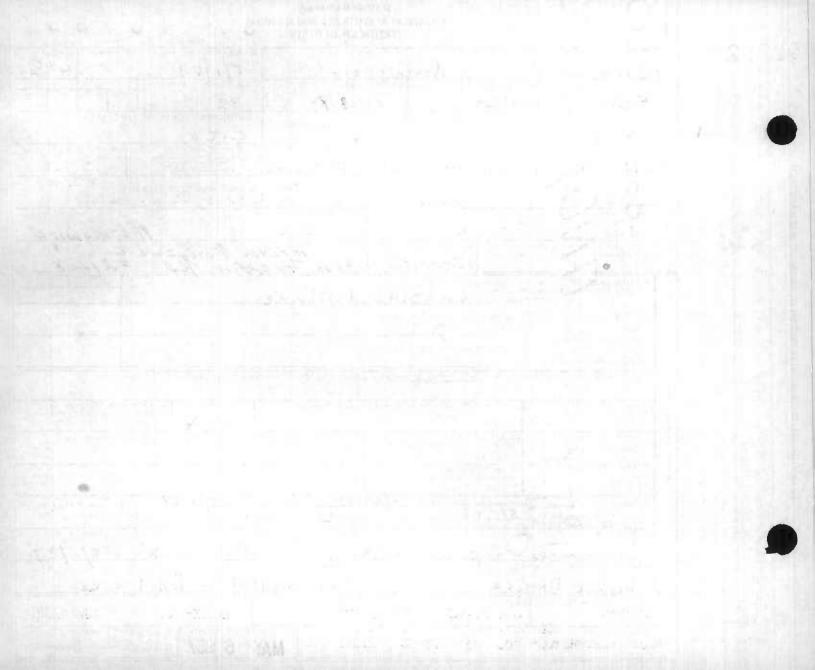
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BP_			230 E	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 5-10-87	SWINICH	EXEMPLE ASS'N.	BALTIMORE	COUNTY	MD
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	- 16 60M RA 15, 4)			6010 REISTERST	OWN RD., BAL	TO., MD	21215 MA	Y 1 3 1987	Julia Davidson	

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March F/H 1101 E. North Ave.

Ann

Arundel 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

-9-87 4 -9-10-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST 75 HOUR TYPE OR PRINTS PENSACOLA ROSS MAY 2. 1987 12:30AM & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DATE OF BIRTH 3 SEX 4. RACE MONTH DAY YEAR Female Black 07 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? NEVER MARRIED MARRIED IISA BALTIMORE CITY Marvland DIVORCED WIDOWEDAT 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR BALTIMORE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE IN SUPPRINCE IN THE PRINCE HOSPITAL RETIRED PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
133b. COUNTY
137. CITY OR TOWN 1422 N. Broadway 21213 Baltimore Maryland YES K NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wolford Johnson Georgia Edward 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) Ruth Redmond 1231 N. Broadway 21213 212141450 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) 10 min IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate other ! couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO F 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STATE CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC) WHILE NOT WHILE 22a | certify that (1) this haspital attended the deceased from sow the live on ______ to obove the body ofter death and that (army) (our opinion death occurred on the date and hour and from the causes stated 77k SIGHRATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 27d PHYSICIANS NAME TTYPE OF PRINT 600 N WOLFE ST 21205 WILLSON 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 73b. DATE STATE Baltimore. Burial 5/7/87 Baltimore BP 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 C. March F/H 1101 (VRA 15, 4)

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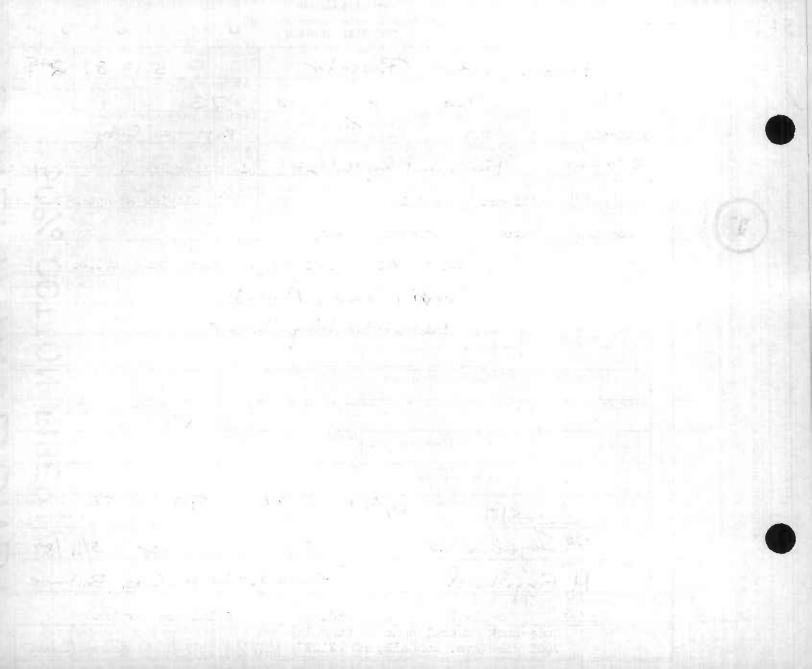
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7922 Wise Ave. Dundalk, MD

21222

DHMH - 16 60M 7/84

(VRA 15, 4)



FOR

n REGISTRAR

- STATE

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE 207, MIDLAND AVE; 21225 ROYSTER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMATURE PREWLASLE BABY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART T OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 5/23/87 STAFF PHYSICIAN DIRECTOR PHYSICIAN OF PEDIATRILS; HOSPITAL: 301. ST- PAUL PLACE: 21202 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL STATE 5-28-87 COUNTY Removal 25 DAYE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Julia Davidson Pandage Balto., Md. State Anatomy Board (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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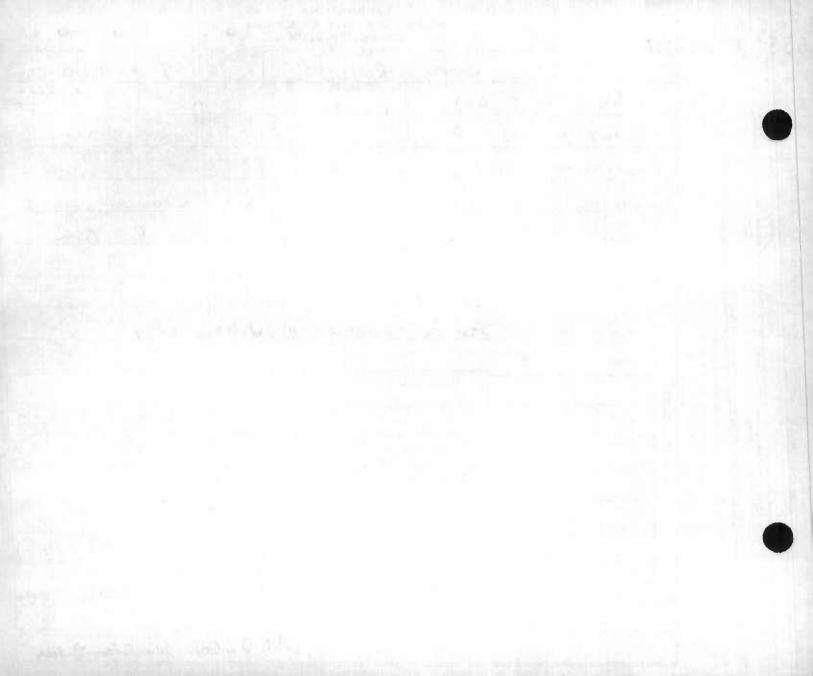
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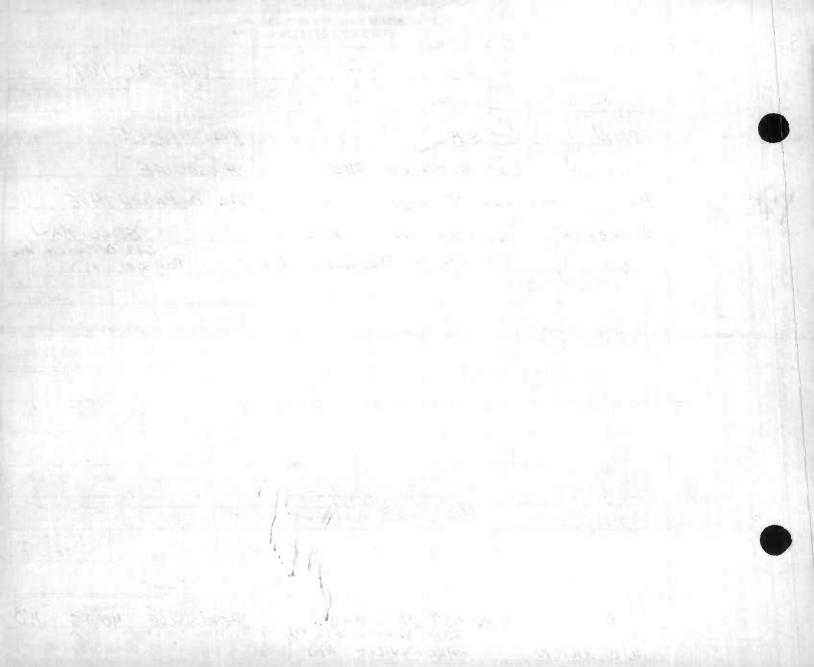
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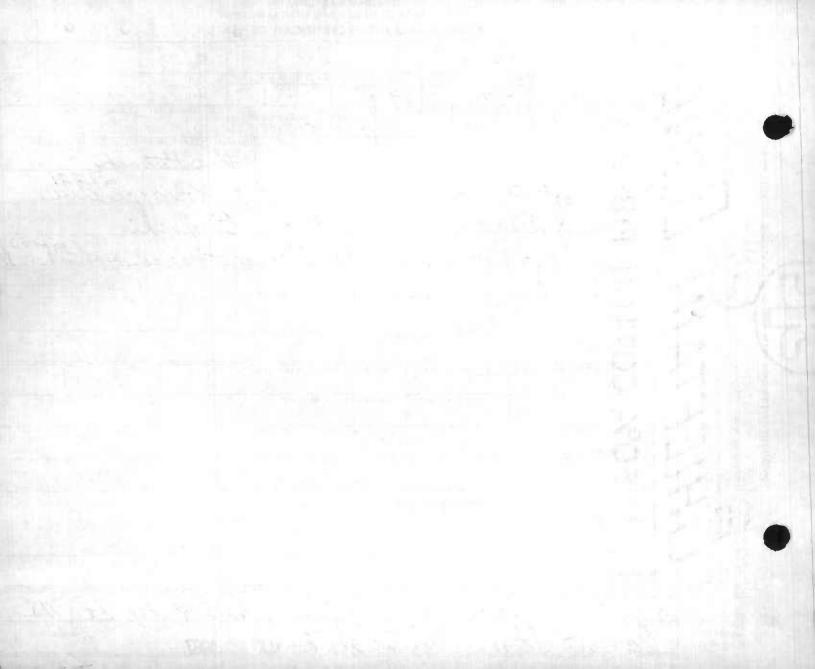
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Claire E. Ruble MAY 21 1987	OUR OM DER 24 HRS RS MIN
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH + _REGISTRAR T. DECEASED NAME 20 DATE KNOWN X DAY 2h HOUR LITTER CREPRINT ESTI-10/19 87 DEATH MATED Paul Rurka SEX 4 RACE DATE OF BIRTH A. AGE INVIAIS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAYS PHONOUNCED DEAD 10/10 87 YRS 1 BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE ISTAIL OF MARRIED | NEVER MARRIED | DIVORCED [Baltimore City, 134 USUAL OCCUPATION (THE GEWORE THE KIND OF BUSINESS I CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION. University Hospita Baltimore ILL CITY OR TOWN 136. INSIDE CITY LIMITS? #13e STREET ADDRE 4 FATHERS NAME LANT 66 SOCIAL SECURITY NO. BETWEEN CHISET AND DEATH Multiple Injuries IMMEDIATE CAUSE TO L DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 1% DATE OF OPERATION 19s. CONDITION FOR WHICH OPERATION WAS PERFORMED? 70. AUTOPSY7 YES X NO 1 71s EXTERNAL CAUSE WAS THE TIME OF INJURY THE HOW INJURY OCCURRED INVITAMATURE OF PROJECT IN ITEM IN PART I OR PART 21. HOUR XM MONTH DAY, YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH LO: 00 MPM 5/10/10 87 subject pedestrian struck by auto TIE PLACE OF INJURY LATHOME TH LOCATION STREET, FACTORY, FARM, ETC.) TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALTHMORE, MARYLAND, 21201 WHILE AT WORK AT WORK roadway 6500 Blk. Erdman at North Pt. Rd., Balto.City, Autupsy K 22a. I certify that Etook charge of the remains despited disave, held an Md. Inspection death resulted from Natural causes Undetermined manner THILE ISPECIFY! ACTUAL DATE 5/11/87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M. D. 111 Penn St. TYPE OR PRINT! THE LOCATION THE NAME OF CEMETERY OR CREMATORY 07/84 25M MA REGISTRANS SIGNATURE UNERAKBIRECTOR 75s. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5))



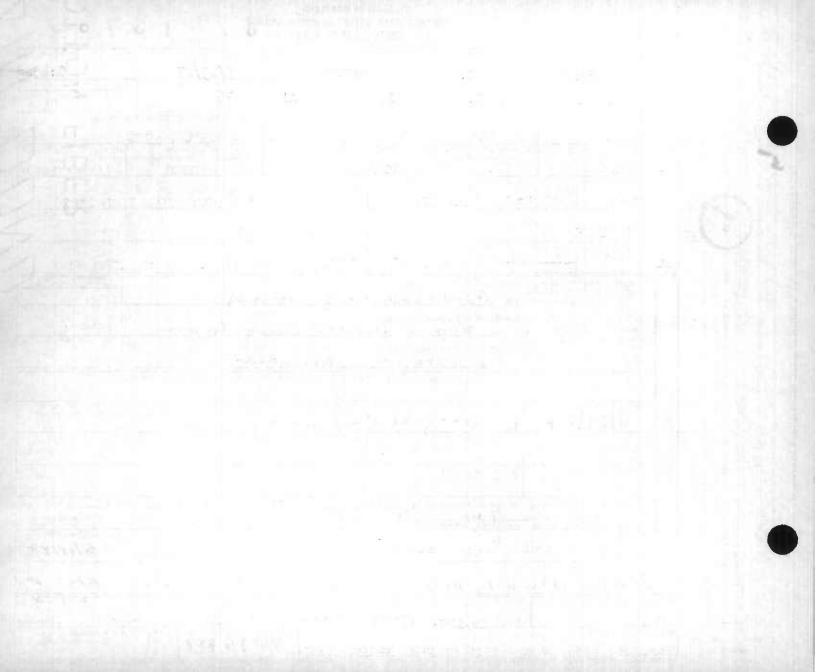
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- 16 60M 7/84		INERAL DIRECTOR SOL	LEVINSO	N & BROS.	INC.	125a. DAT	E REC'D. BY REGISTRAR 25) REGI	STRAR'S SIGNATURE

STATE OF MARYLAND

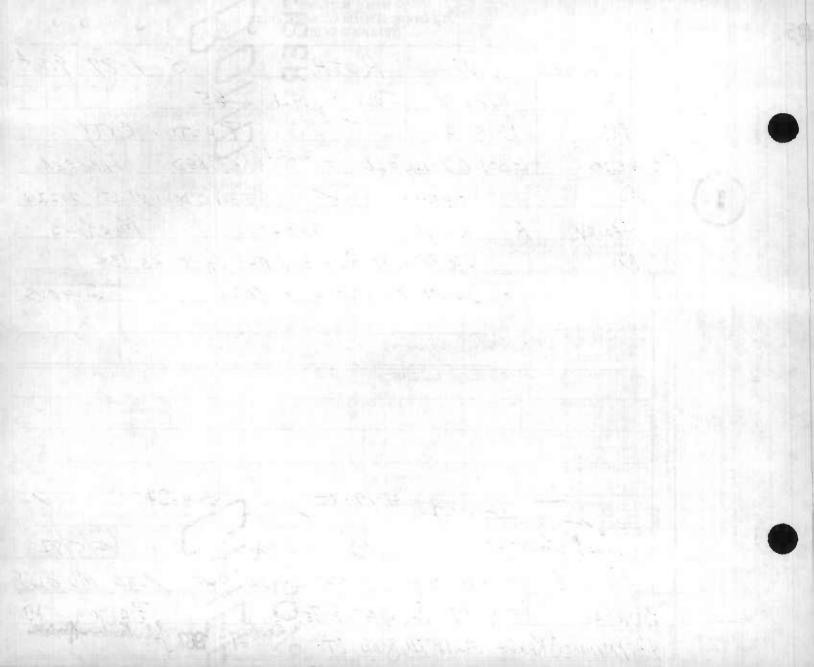
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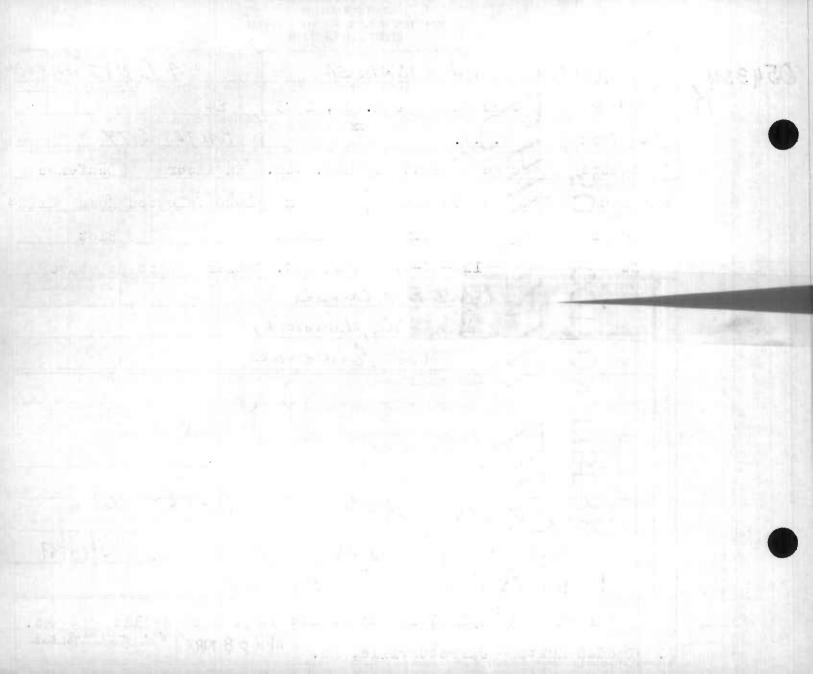
STATE OF MARYLAND



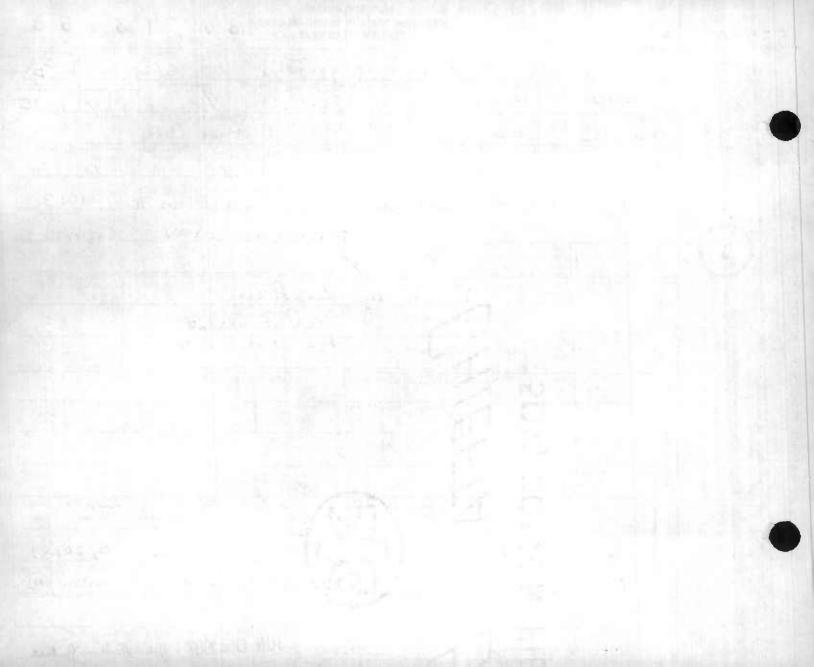
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME MONTH 7h HOUR TTYPE OR PRINTS NIEL 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 VEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) # WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR LEOR MOST OF WORKING LIFET INDUSTRY LISTAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b COUNTY 13d INSIDE CLTY LIMITS? 13e STREET ADDRESS / ZIP CODE 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDIE ADDRESS 160 WAS DECEASED EYER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO DRIJINKNOWN) (IF YES, GIVE WAR OR DATES! APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from. and that in (my) (par) opinion death occurred on the date and hour and from the causes stated above (I) (water first (did not) view the bady after death THE SIGNATURE DEGREE 22c DATESIGNED ATTENDING MEDICAL STAFF be deto e Stote I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT THE PHYSICIAN'S NAME 72e ADDRESS d b 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL DHMH - 16 50M 4/83 (VRA 15, 4)



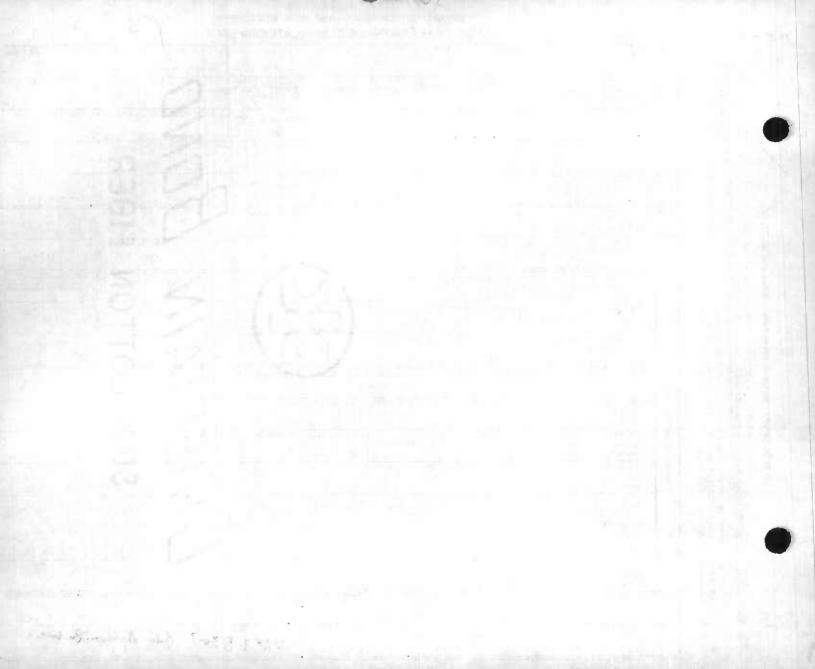
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH YEAR 12 HOUR LIVER CHIPPING ADLER ALTER 1/5EX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH HOURS YEAR 923 Caucasian Jan. 7g. BIRTHPLACE L CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRYS York New WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 726. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Defense altimore rancis Scott Kev Med. Cen Engineer LI COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? altimore Valewood larvland owson 1020 Road 21204 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE FIRS! MIDDLE Samue Sadler Biot Irene ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWNS (# YES, GIVE WAR OR DATES) 0 - 20 - 5Evelyn C. Sadler same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per one for (a), (b), god (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20 AUTOPSY 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 270 1 certify that (1) (this hospital) aftended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (de) (dd) (dd not) view the body ofter death 776 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
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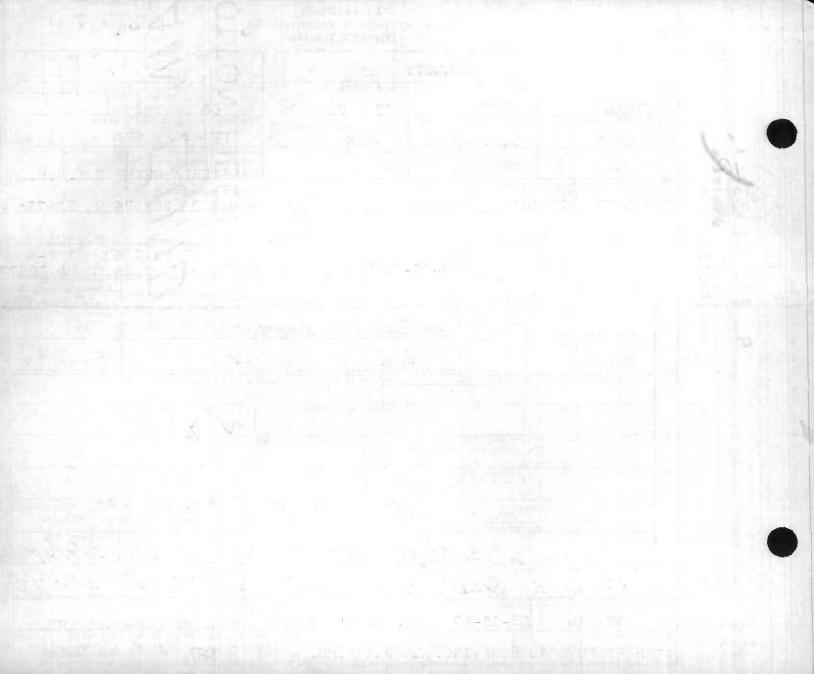
			STATE OF MARTLAND		
268 JUN-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	3 9 6 8
poge 3	DECEASED NAME FIRS	alee Preston	Sampson JR	20 DATE OF DEATH MONTH	.0/87 1235 D.M
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NAL DIRECT detached for ote Dept of VI. If Item 2	27b. SIGNATURE	SO	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED 5/20/07
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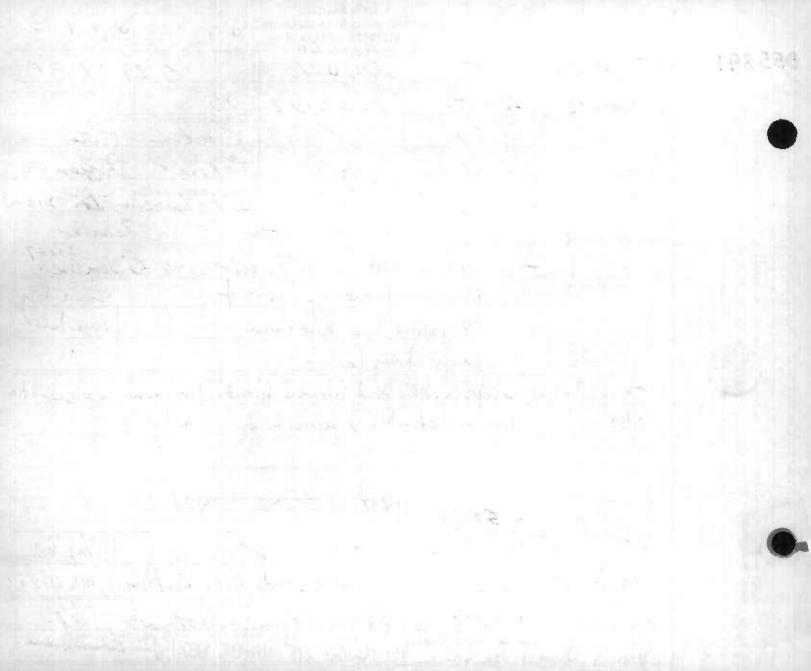
MEDICAL EXAMINER'S CERTIFICATE OF EATH REG. NO. 1. DECITION OF LAST Delilah Sampson Sex Female Black 8 28 51 35 yrs. 1. DEVER MARRIED To BIRTHPLACE (STATE OF BIRTH MONTH) Sampson To BIRTHPLACE (STATE OF BIRTH MONTH) To BIRTHPLACE (STATE OF BIRTH MONTH) MONTH DAY To BIRTHPLACE (STATE OF BIRTH MONTH) MONTH MO	0
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steps/street 1138 E. Fayette St., Balto.	MD
170 Certify that I took charge of the remains described above, held an Autopsy 4. Inspection . Inquiry . and in my of	pinian
death resulted fram: Natural causesAccident X , Suicide . , Hamicide . Undetermined manner . ,	
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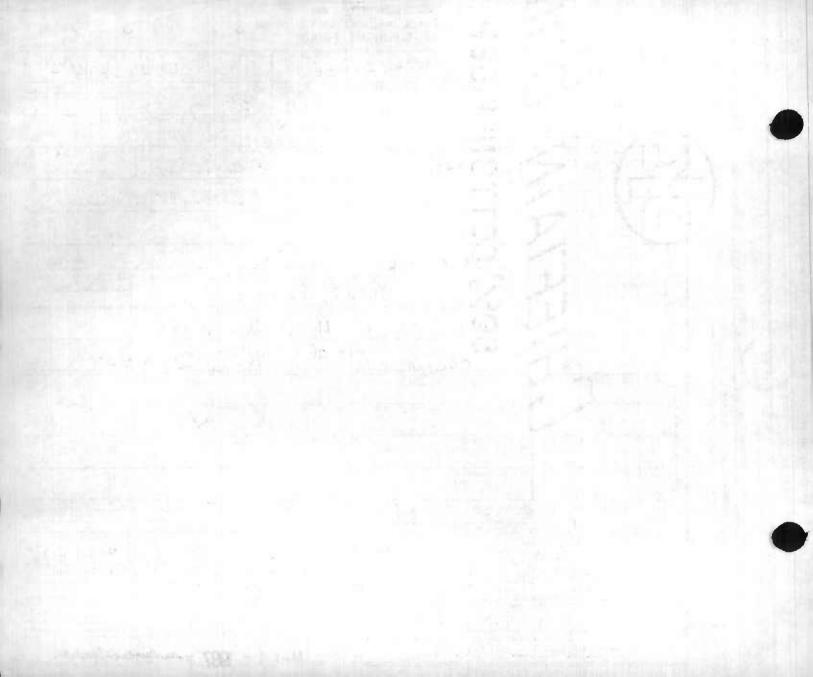
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME. 20. DATE OF DEATH MONTH 26 HOUR 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IE LINDER 24 MPS 3. SEX IF UNDER I YEAR HOURS O BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED CITY OR TOWN OF DEATH SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY & INSIDERTY LIMITS? 13e STREET ADDRESS / ZIP CODE 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE crace ruce mus IN U.S. ARMED FORCES ADDRESS 18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c PART I. DEATH WAS CAUSED BY: Laine das IMMEDIATE CAUSE (o). shoustone Warun Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse tost essivutous OT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION DNDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Coloration Namere NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the degeosed from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORT 23a BURJAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATOR STATE 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATUR DHMH - 16 60M 7/84 Julia Davidson (VRA 15, 4)

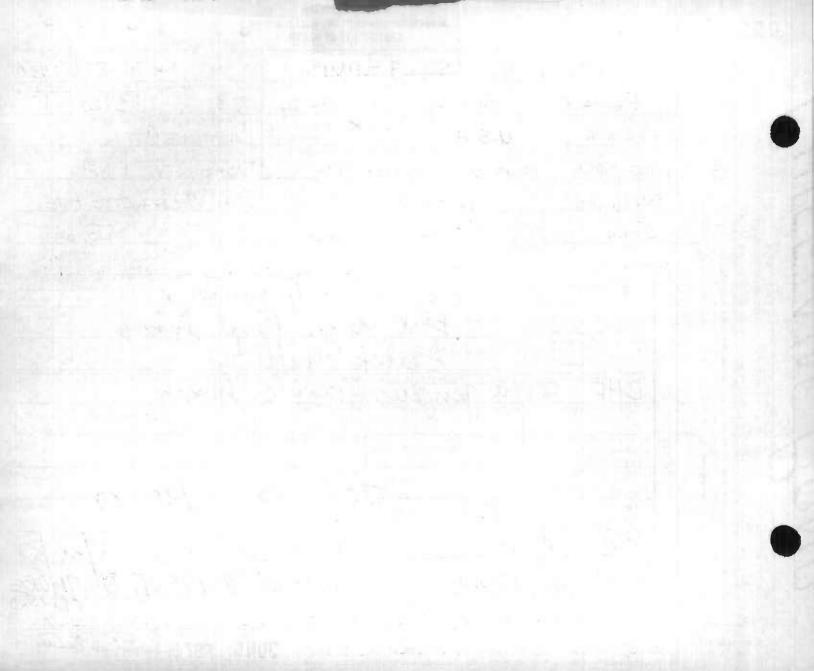


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 facilit and stained by the hospital or oftending physician.
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2 3/2 /	3 SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR	RS		
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by by ose		underlying couse lost DUE TO, OR AT CONREQUENCE OF								
n signed Then plea to burio injury, or	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a								
been mit. T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF YE	ES, WERE FINDINGS USED			
hos hos	TIE				IFYING CAUSES OF DEATH?					
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TAL OR y the h y the h detache hate Dep NT: If the		William	M. Darre		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED			
TO HOSPITAL refoined by 1 TO FUNERAL should be de with the Stote MPORTANT		22d. PHYSICIAN'S NAME (TYPE OF	PRINT		122e ADDRESS					
MP (MP)	22- 6	URIAL, CREMATION, REMOVAL	To LIC			me are				
BP	-(BURIAL	5/4/1987 CE	DAR	EMETERY OR CREMATORY HILL CEMETERY	23d LOCATION CITY OF TOWN BALTIN	noke, mo			
DHMH - 16 60M 7/84		MURATORCIOR SONS F				REC'D. BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE			
(VRA 15, 4)	25	Ol Gwynns Falls	Pkwy. Baltimore	Md.	21216 MAY	6 1987 Julia	Divideon Randall			

To hard amount of the 50 Versel 100





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE E STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) 2, 1987 Hubert W. May Sayre & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 3. SEX April 24,1938 APRIL 24,1938 White Male BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore City West Virginia U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR IN SUCH FACILITY, GIVE STREET ADDRESS)
St Margaret Street Service Lineman Gas & Baltimore Electric USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 3711 St Margaret Street Maryland YES K M FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Heffner Martha Raymond Sayre ADDRESS. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 213-36-4486 Florence L. Sayre Same as 13e APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line fanta, (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCANDIAI IN FARCTION Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOK YES [NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 216. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STREET AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive on 1901-1956 abave, (1) (we) (did) (did nat) view the bady after death. _, and that in (my) (aur) opinion death accurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

the the

24 FUNERAL DIRECTOR 4001 Ritchie Hgwy Balto Md George J. Gonce (VRA 15, 4)

236 DATE

May 5,1987

THE HE JAN'S NAME (TYPE OF PRINT

230. BURIAL, CREMATION, REMOVAL

(SPECHY) Entombment

Baltimore Cedar Hill Cemetery

BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Dividson Randock

PATAPSCO AVE -

Jayrd 1 1 Cay 2, 1967 Will resistant x whater a said through applying a property of the constitution of t and manufactured with general streets of the control of the contro The AND STATE OF STAT

la my	FOR - STATE - STEGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 7 REG. NO.	3971
	DECEASED NAME F	IRST MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
10 10		salee (NMN)	Schaefer	May 1, 1987	10:00m
0 1	SEX	4 RACE	5. DATE OF BIRTH		UNDER LYEAR IF UNDER 24 HRS
to to	Female	White	10/25/1912	74 yrs.	DATS HOURS MIN.
25,4	COUNTRY) Md.	USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County o	
100	CITY OR TOWN OF DEATH Baltimore	THE MOST INTERIORIE ACTUMENT CONCESTIBLE	NG HOME OR OTHER INSTITUTION TADDRESS Ve., 21225	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST LOF WORKING LIFE) HOUSEWILE	126. KIND OF BUSINESS OR INDUSTRY HOMEMAKET
15 4		HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY 136. CITY OR TOV BALTIN	VN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 3927 Brookly:	n Ave., 2122
200	Christoph	er Pitzinger	15 MOTHER'S MAIDEN NA LUITE N	farshal Total	LAST
Puges	60 WAS DECEASED EVER IN (XES NO OR UNKNOWN)	U.S. ARMED FORCES? 166 SOCIAL SEC FYES, GIVE WAR OR DATES) 220-58		Schaefer, Sr.	Same as #13
and by the attending physics please remove corbonopper usel, cremplan, ar removal, or other traumatic event, the	Conditions, if any, w gove rise to immed couse (a), stating underlying couse	DUE TO, OR AS A CONSEQUENCE TO DUE TO.	JENCE OF	MINAL DISEASE OR CONDITION GIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e prior to Su cony injury	190 DATE OF OPERATIO		H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY!	WERE FINDINGS USED ING CAUSES OF DEATH?
1919	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED	SE OF DEATH HOUR A.M. MONTH DEXAMINER) P.M.		YES NO YES	1 1 OR PART 2}
After the control of	HILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CHY OR TOWN	COUNTY STATE 2, that (I) (we) lost

220.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.

23b. DATE

LOWDER

22b. SIGNATURE

Dr.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ulia Dividson Rendale

DEGREE

22e ADDRESS

and that in (my) (our) opinion death occurred on the date and have and fram the causes stated

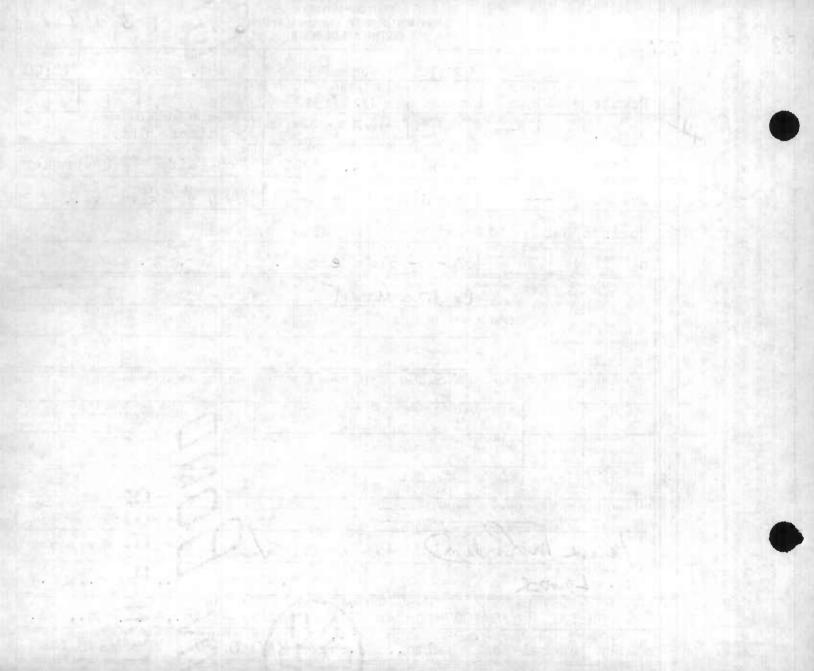
S. Hanover St., Balto., Md.

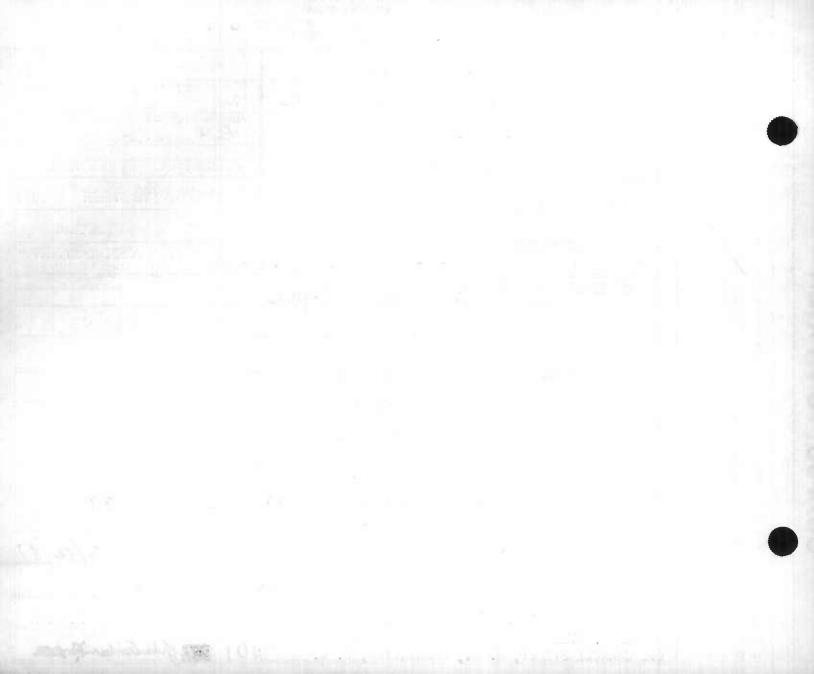
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

ATTENDING.

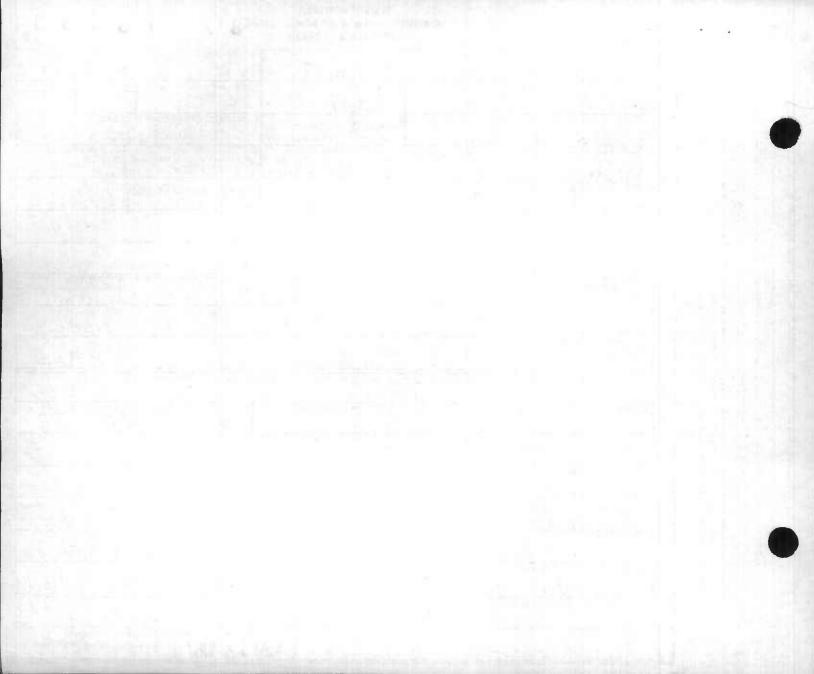
22c. DATE SIGNED





3 5 3	7081	71	318	FOR 7STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	0 /	G. NO.	3 9	8 0
				CEASED NAME FIRST	MIDDLE		l	AST	20. DATE OF DEAT		DAY YEAR	26 HOUR
	oy be			ORPRINT) Charle			Sz	hmid T.Jr.		5	1387	4.12 M
	Ter D		3. SE	(4. RACE	2,73	5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
217	recto urs of			ale	White			25-20	67	YRS		10010
	h. P.	シム		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CI			
	deot			Baltimore, MD.	U.S.A.		WIDOWE			timore		MD.
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ND 212	24 hour	25	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	INTY 13c.C	SIDENCE BEFORE ITY OR TOWN altimo	1	13d. INSIDE CITY LIMITS?	13e.STREET ADDR		ode n Avenue-	-21234
I.A	量 通用	953		THER'S NAME	1			15. MOTHER'S MAIDEN NA		LIGHTOI	il livelide	21231
ARY	1 1999	RO		FIRST	MIDDLE	LAST		FIRST	MIDE)LE	LAS	ī
×	pet 1	1			chmidt Sr.			Helen Diet		DDRESS		
ORE	y y y	gio /		VAS DECEASED EVER IN U.S. A		OCIAL SECUR		17 INFORMANT				01001
×	e 0 0 :	E		Yes W.		-0/-10	123	Verla L. Sch	nidt-260	4 Crei	ghton Ave	221234
ALI	sicio pers ol.	17		18 CAUSE OF DEATH (Enter of	only one couse per line fg	£ (0), (b), ond	l reso	1 +			BETWEEN	MATE INTERVAL ONSET AND DEATH
	Phy mov	vent		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	ondi	se	Arres7			10	win
S	ding	TIC 6		IMMEDIA		CONSTOUR	NCE OF	- Maria Tolk		727		
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Ö	CLA B ph Bertifi iol-t	E	AL	OR CONTRIBUTING CAUSE OF DE	LAIR		19					
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DIVISION OF VIT	otter otter fter the hond	rked	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	CTORY, OFFICE, FA	ARM, ETC.)	SIRCET	(H)	OR IOWN	COUNT	STATE
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	prite	7		saw the deceased alive o above (1) (we (1did)) (did n	n (15) X	19	, 00	nd that in (my) (our) opinion	deoth occurred on t	he dote and h	nour and from the	couses stated
	OR A e hos DIREC	E e		226 SIGNATURE	1 /0			DEGREE			22c. DATE	SIGNED
	1 ± 1 ± 0 1	<u>-</u>		Thistore	Macken	ne.	M	ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF HYSICIAN X	15/1	3/87
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	55 543	<u> </u>		BURIAL, CREMATION, REMOVA	L 23b. DATE	230.	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	57.477
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	DHMH - 16 60M 7 (VRA 15, 4)	7/84	T	ohn C. Miller,	Inc6415	Belair	Road	21206 MA	Y 1 5 198	7 Julia	Davidson-A	andelle
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STATE OF MARYLAND



1 -		DEPARTI	MENT OF HEALTH AND	MENTAL HYG	0 /	1 3	3 9	8 1
1. DE	CEASED NAME FIRST	MIDDLE	LAST			ONTH DA	r YEAR	2b HOUR
(TYPE	GRACE	K S	CHNEIDER		MAY	25,	1987	4:45P
3 SE		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF UNDER 24 HRS
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		76 CITIZEN OF WHAT COUNTRY?	8. MARRIED XX NEVER	R MARRIED .	9. BALTIMORE CITY OR	COUNTYO	FDEATH	
	Pa.	U. S. A.	WIDOWED	DIVORCED				MD.
		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	STITUTION	(TYPE OF WORK FOR MOST OF	VORKING LIFE)	INDUSTRY	inghouse
13 U	L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	CITY LIMITS?				
	Md.	Balto.	YES TO	NO 🗌				
FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHE	R'S MAIDEN NAM	WE		LAS	
	John			Alice			Hav	res
		IVE WAR OR DATES)						Md.
	No	218-36-5	715-A Mr.F	rank J.S	chneider	#		
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			C HKKES	1			IMMED	PIATE
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	Conditions, if any, which gave rise to immediate	(b) ANTERIOR	MYOCARDIA	L LNFA	RCTION		0	UMY>
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF tic- Ca	odinine.	was Duesa	10		
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CAL		All I	19					
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	saw the deceased alive or abave, (in (we) (did) (did	n 9/29 19 19 19 19 19 19 19 19 19 19 19 19 19		(aur) opinian	death accurred an the dot	e and havi c	ind from the	causes stated
	226. SIGNATURE	VA	DEGREE	ATTENDING	MEDICAL STAFF	4 1 5	22c. DAYE	/
	W / Salu	Mulle		PHYSICIAN [DIRECTOR PHYSICIA	WB_	5/2	5/87
	220 PHYSICIAN'S NAME (IVPE	KUTSCHE	220 ADDR	S. Cato	n Ave., Balt	o, MD	2122	9
23a. E					23d. LOCATION		COUNTY	STATE
					y Balto.			Md.
24 FL		5 (S LODRESS X			1007	L REGISTRA	R'S SIGNAT	URE
G	, Trumen Jel	Tike.	#21229	MA	128 1981	lia Das	iden Pa	-dath
	MEDICAL CERTIFICATION WEDICAL CERTIFICATION 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX FEMALE TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pa. 10. CITY OR TOWN OF DEATH BALTTMORE JAL RESIDENCE (IF NURSING HOME OF STATE IS DEATH BALTTMORE JOHN 160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH LENTER OF PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING COUSE ALIES AMINI) 210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING COUSE OF DEATH (IF COUSE OF DEATH ON THE CO	REGISTRAR 1. DECEASED NAME (1792 OR PRINT) REGISTRAR 1. DECEASED NAME (1792 OR PRINT) REGISTRAR 1. DECEASED NAME (1792 OR PRINT) REGISTRAR 1. DEATH RACE FEMALE F. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) Pa. 10. CITY OR TOWN OF DEATH TO COUNTRY PA. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE REFORM STATE TO THE STATE TO COUNTY M. FATHER'S NAME (1892, GIVE WAR OR DATES) 18. CAUSE OF DEATH Enter only one couse per line for 101, (b), on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AND COUNTRY TO COUNT	DEPARTMENT OF HEALTH AND REGISTRAR 1. DECEASED NAME 1. PEGASED NAME 1. PEGASE	REGISTRAR 1:DECEASED NAME 1:DECASED	DEPARTMENT OF HEALTH AND MENTAL HYGIERE SERVING STRAR (IPPE OR PRINT) GRACE A RACE SOHNETDER A SCHNETDER B ALTIMORE CITY OR MAY TO SCHNETDER B ALTIMORE CITY OR SCHNET AND SCHOOL SCHO	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S SERVICE STATE SERVICE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE ST

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ector, po		3. SE	× Male	White		S. DATE C	3, D1920 YEAR	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IE UNDER 24 HRS HOURS MIN
uneral dir	3		RTHPLACE (STATE OR FOREIGN	USA	WHAT COUNTRY?	WIDOWE		Balto.	City	OF DEATH	
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n 24 hour filled in hould be	Target De	13a :	AL RESIDENCE (IF NURSING HOME OF STATE Md 136 COU		Ballo C		134 INSIDE CITY LIMITS?	13605EE SADDESS	indy St	21224	4
ompletely cond e si	ekomine	14 F/	George Frankl	in Schoe	nberger			eth Beimf11		LAS	51
sado de la constante de la con	medical		VAS DECEASED EVER IN U.S. A	RMED FORCES? YE WAR OR DATES!	219-05-8		Mrs. Bertha	Schoenberge		ie as 🕯	‡ 13
low requires that the death is been signed by the others ermit. Then please remove as e prior to burial, cremation,	rs ony injury, or other froumo	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(b)		NCE OF DEATH BUT	end FISTE	ELAD INAL DISEASE OR CON 200 AUTOPSY?	DITION GIVE	WERE FINDIN	
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NG PHYSK attending frer this ce as the burns th and Men	orked or #e	MEDICAL	(IF EITHER NOTIEY MEDICAL EXAMINI 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, EACTORY, OFFICE, F	19 ARM, ETC.	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
ITAL OR ATTENDING or the hospital or TRAL DIRECTOR: A detached for use tote Dept. of Heal	NT: If item 21 is a	88	220 L certify that (1) (this hosp saw the deceased alive a abave, (1) (we) (did) (did n 22b. SIGNATURE	at view the bady	19	3.01		, to		and from the	
TO HOSPITAL retained by the TO FUNERAL should be det with the State	MPORTAN	23a. I	PRABIR -	K.B	123c.N	IAME OF C		ERN BLU	ID BA	HOTO M.	02/12
BP			SPCTemation UNERAL DIRECTOR	May 4,	, 1987 Sec	urity	Process Inc.				
DHMH-16 30M 2/80 (VRA 15, 4)		24 1	Charlton Funer	al Home	2007 Eas	stern		E REC'D. BY REGISTRAR	Julia ,	Deurges	URE

10 . 00 ± 60 Difference of the second secon committee the William Color Children and the color Charles and the

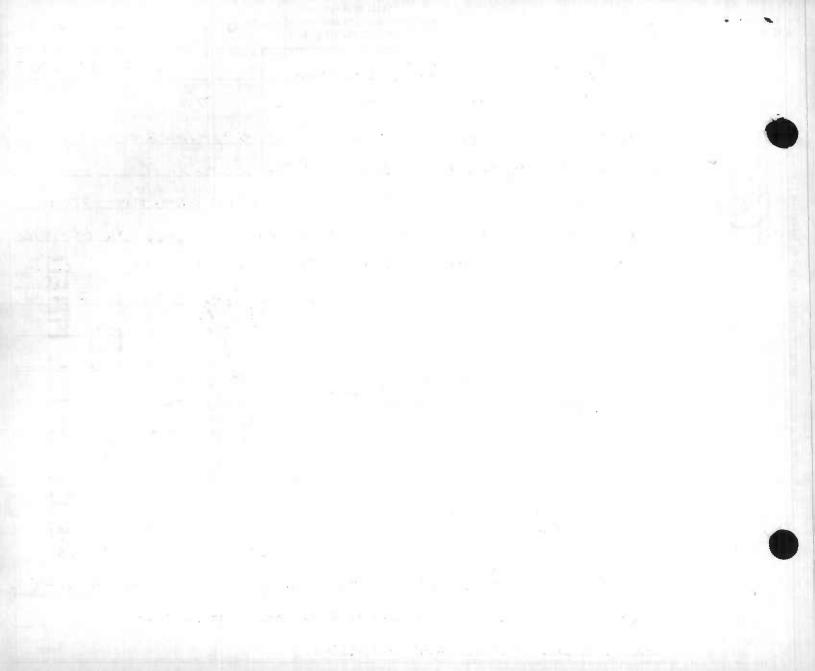
FOR - STATE	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYC	GIENES 7	1348	ن
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Γ.	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS MA) BIRT	THDAY) IE UNDER I YEAR IF UNDER MONTHS DATS HOURS	R 24 HRS
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	1		STATE OF MARYLAND	
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		CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
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102		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	DEATH
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1		AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT		et=21201
4 P	THE	ATMER'S NAME	15. MOTHER'S MAIDEN NAME	EL 21201
13 10	0	PETER	meyer Elizabeth MIDDLE +	< 6cher
25 2		WAS DECEASED EVER IN U.S. ARM	WAR OR DATES)	
8 0 1		un KNOWN	218-67.7274 Rosalie E. O'Connor 7807 Bagl	eyAve . 21234
or to		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c):	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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34.3		22a I certify that (I) this hospita		, that (I) (we) lost
2000		sow the deceased alive on above (i) (we) (did) /did not		
40.2		226. SIGNATURE		226. DATE SIGNED
\$ 8 H		alfu	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	5/25/87
ORTAN	1	224 PHYSICIAN'S NAME INTE ORI		1.
We Out		MITTER	1. Vanlels MD 700 Washington Bortward Ba	(1more 2123
		BURIAL, CREMATION, REMOVAL	236. DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OR TOWN COL	UNITY STATE
		Burial	5-27-87 Gardens of Faith Cem. Balto. Md	STATE
	24 F	UNERAL DIRECTOR	250 DATE REC'D. BY REGISTRAR 25% REGISTRAR	SSIGNATURE

(VRA 15, 4)

John C. Miller, Inc.-6415 Belair Road-21206



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO 20 DATE OF DEATH 2b HOUR DECEASED NAME (TYPE OR PRINT) PAUL 5 87 SCHUH 22 L. IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX DAYS YEAR MALE White 00 86 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) BALTIMORE CITY USA WIDOWEDKI DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

5002 LOCH RAVEN TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE Roofer 21239

YES K

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN Baltimore MD 14 FATHER'S NAME

MIDDLE

W.

Schuh

Mathida 17 INFORMANT

134 INSIDE CITY LIMITS?

NO I

15. MOTHER'S MAIDEN NAME

Sieber

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES |

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

CERTIFICATION

FIRST

Harry

- STATE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

166 SOCIAL SECURITY NO.

218-32-1409 Barbara Smith 5002 Loch Rayen Blvd

ADDRESS

13e.STREET ADDRESS / ZIP CODE

5002 Loch Raven Blvd.

18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per lue 36 D BY: TE CAUSE (a)		montine	Infor	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR ANA	CONSEQUENCE OF	athen	stens	is

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY O
21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION

5/27/87

AT HOME STREET FACTORY OFFICE FARM ETC I

CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

CITY OF TOWN COUNTY STATE aur) opinion death occurred in the date and hour and from the couses stated

NO

obove (1) (we) (slid 226 SIGNATURE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DATE-SIGNE

230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY)

MARCH FUNERAL HOME

NOT WHILE 220 I certify that (I) this haspital) in

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Parkwood Cemetery

DEGREE

23d LOCATION Baltimore

MD Co.

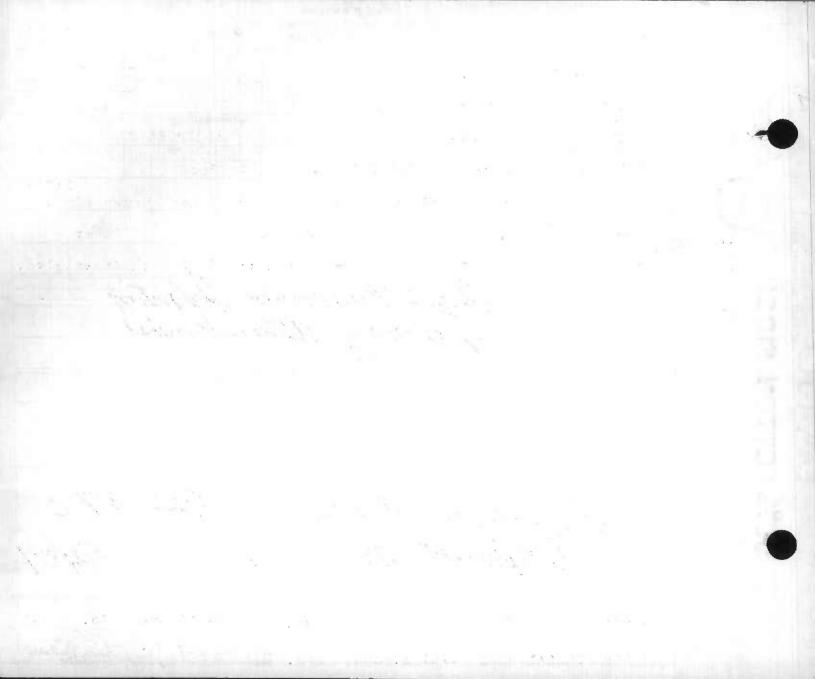
24 FUNERAL DIRECTOR

Burial

19a DATE OF OPERATION

ADDRESS 1101 E NORTH ... AVE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Nordon-Pandal



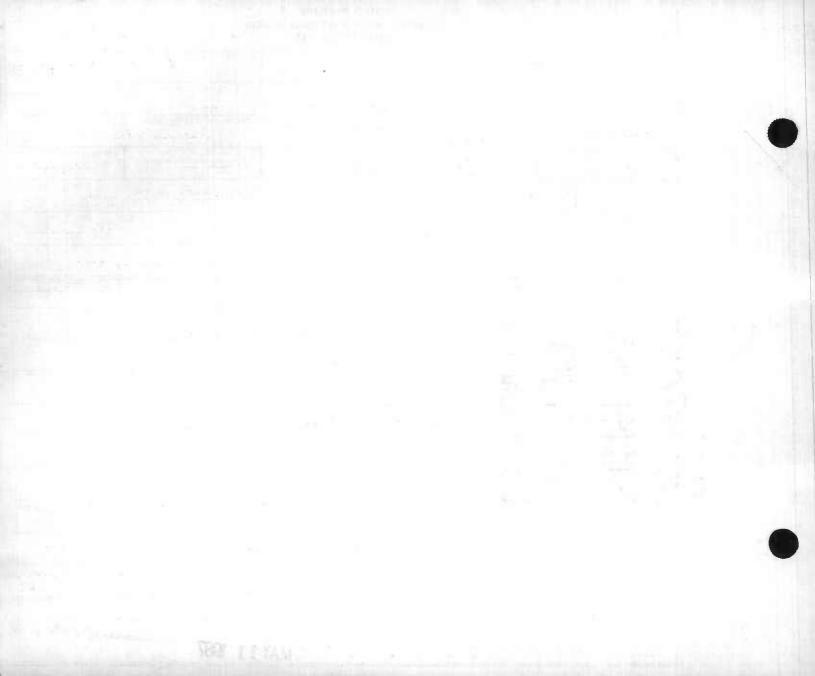
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(VRA 15, 4)

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Legard of Date of Lands, Maryland of Maryland of Princes

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) MATLITAM SCHUMAN SR. 10:55 Edward 4 RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR Male White April 79 7974 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISLATE OR FOREIGH TO CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED U.S.A. Maryland Baltimore City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore St. Agnes Hospital Attorney Engineering USUAL RESIDENCE LIF NURSING 13a STATE 13d INSIDE CITY LIMITS? 8 Briarwood Road 21228 Baltimore Catonsville Maryland ATTENTHER'S NAME 15 MOTHER'S MAIDEN NAME Conrad MIDDLE RIDDLE Hillgartner Schuman Mary ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 5420 Anita Schuman (Same as 13E) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY TIBRILLATION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse lot, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Comprese HEART 132000 NOF NOF YES [216. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC 1 STREET NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from and that in (my) (aut) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [should be with the St 22e ADDRESS WILKENS AVE TIMORE 23a. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE Green Mount Crematory | Baltimore, Maryland 21202 5/9/1987 Cremation BY REGISTRAR 25% REGISTED STONATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Walter Brooks Bradley, Inc. Balto., Md. 21222 MAY (VRA 15, 4)



Baltimore, Maryland

Leonard J. Ruck, Inc.

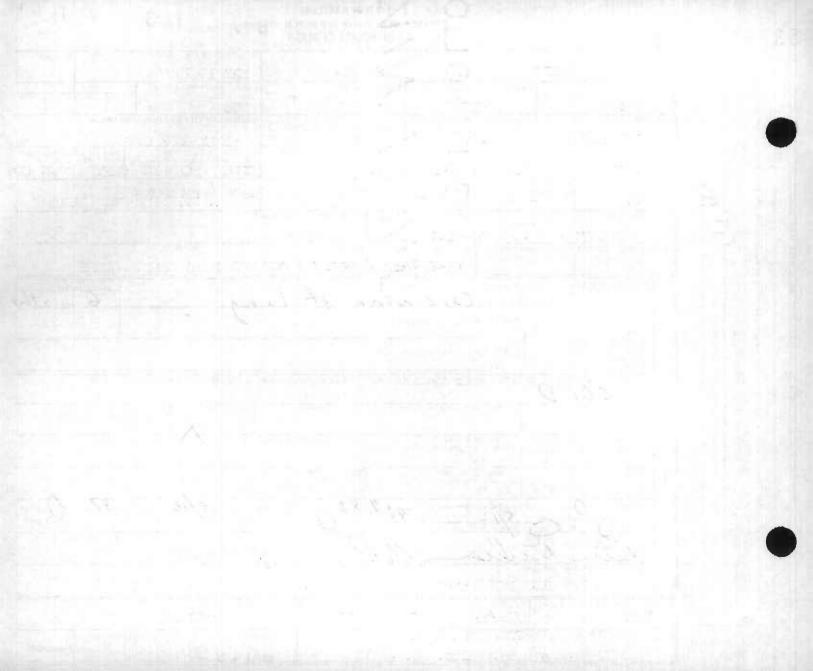
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STATE OF MARYLAND

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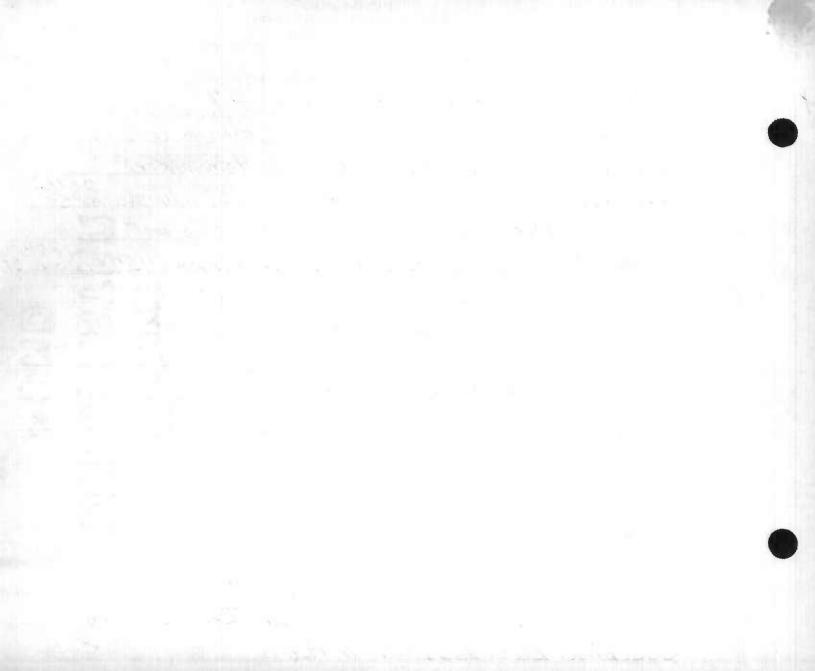
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	3. SE	х	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRE		
ge 4		MALE	WHITE		5 1911	76	YRS.	ATS HOURS MIN
h. Po	7a. 8	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	н
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by the f		BALTIMORE	JIF NOT IN SUCH FACIL	TAL, NURSING HOME ITY, GIVE STREET ADDRESS) TREEPER ST	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF TRUCK MECH	F WORKING LIFE) INDUS	ND OF RUSINESS OF ALBERT ZE MEAT (
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ately and a series	14. F.	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN N	AME		
be o k		WILLIAM	V. SCHW		ANNA	M		MILLER
d coul		WAS DECEASED EVER IN U.S. A		OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	THIRM
n ond on Poges		NO	21:	2-07-4262-7	WILLIAM SCI	HWING (SON)	SAME ADDRE	SS
quires that the death signed by the ottendi. Then please remove con to burial, cremotion, a njury, or other troumot	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A	CONSEQUENCE OF	T NOT RELATED TO THE TER	MINAL DISEASE OR CONF	DITION GIVEN IN PAI	RT 110
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IG PHYS ottendin ter this c s the bur n and Me	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	wn COUNT	Y STATE
L OR ATTENDIN the hospital or L DIRECTOR: Af toched for use of E Dept. of Health		220.1 certify that (1) (this has sow the deceased alive above (1) Ywe) (did) (fild in 22). SIGN (1) E.	5/12	10 87	and that in my (our) opinion DETE ATTENDING PHYSICIAN		22c. D	, that (I) (we) lo in the couses stated DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL II should be deto with the State I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE		~~	22e ADDRESS			
Should with the MPO		<u> </u>	CIA DISHARO	ON	BREHMS LA	ANE MEDICAL (CENTER	
BP	23a	BURIAL, CREMATION, REMOVA SBURIAL	5/19/87		CEMETERY OR CREMATORY	23d LOCATION EALTTMOI	RE COUNTY	MD. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNER SONIMONE K FI 3331 Brehms	UNERAL HOME S Lane, Balt	ADDRESS		TE REC'D. BY REGISTRAR		



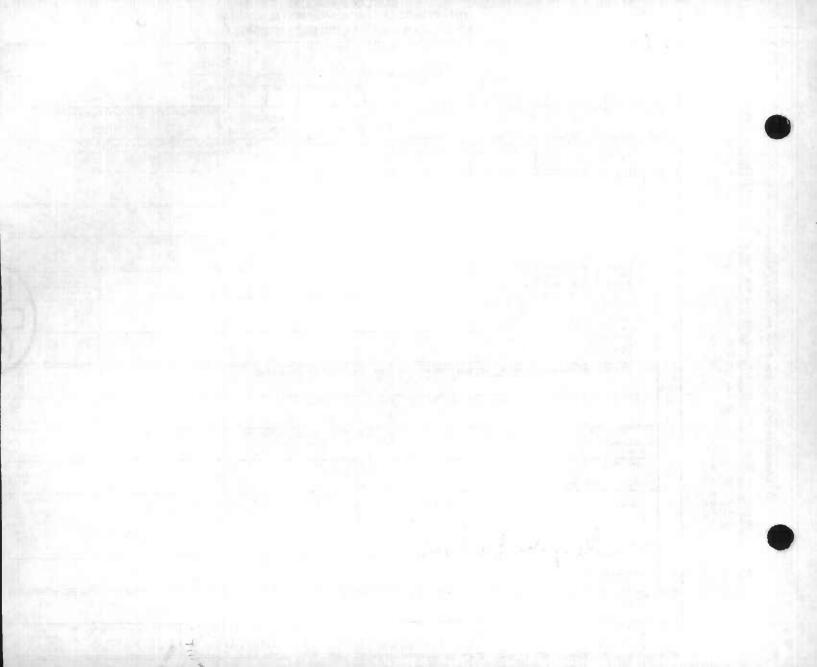
- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME KNOWN 🔀 (TYPE OR PRINT) ESTI-DEATH MATED 5-17-879 4. RACE 3. SEX 5. DATE OF BIRTH IF UNDER 1 YR. IF LINDER 24 HRS **CHILIHOUR** DATE 94 VDC PRONOUNCED Female Black 5-17-87, 11:15 DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) Md. Baltimore City DIVORCED [] ED, IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 734 W. Fayette Street apt,. 205 Housewife Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21201 13a STATE 13d. INSIDE CITY LIMITS? 130-5TREET ADDRESS avette 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AA IDDI B Charles Muir Emily Cottman 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) 213-32-6704 Ethel M. Armstrong 1022 Evesham Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. carcinoma of vagina 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER BEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY 220 I certify that I took charge of the remains described above, held an Undetermined manner 5-17-87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn Street (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Mt. Calvary Cemetery Burial 07/84 Brooklyn Md. 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE **DHMH - 17** Chatman-Harris FN 1701 McCulloh Street Julia Desider. (VR A15 ME (5))

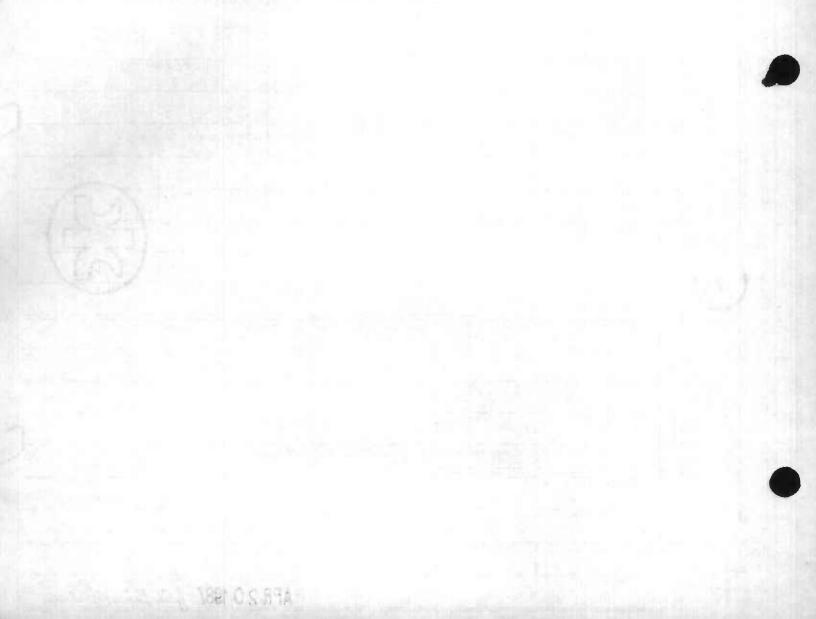
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¥ 2	SPESS				1	000			0000			
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	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN	-	(TYPE OR PRINT) Ma	rgarita A	. Korell,M.			Penn St	reet			
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25M	DHMH - 17	24. F	INERAL DIRECTOR				25a. DATE	REC'D. BY REGIS		GISTRAR'S SIC	NATURE ,	
	(VR A15 ME (5))	h	m. c. March F	/H 110	1 E. Nort	h Av	e. Il	JN 3 19	87 July	ia Deorde	n. Kanda	



11	FOR	DEPARTMENT OF I	HEALTH AND MENTAL	HYGIENE	7 0 0 1
S 0 1111	STATE REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE		3 7 7 4
	PE OR PRINT)	MIDDIE	LAST	20 DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOUR
	REID	C.	SCOTT	OF ESTI-	5 6 19 87 M
PLEASE ECTOR. R FILES. HOURS STREET,		S. DATE OF BIRTH 6 AGE (IN YEAR LAST BIRTHDA	RS IF UNDER 1 YR. IF UNDER		
SALKE	MW	6/15/01 85 YR	MOTHER DATE	MIN PRONOUNCED DEAD	5 6 187 A M
		76. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARK	9 BALTIMORE CITY OF	
	MD	USA	WIDOWED DIVOR		City MD.
9 10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	17a USUAL OCCUPATION ITYPE	OF WORK 176 KIND OF BUSINESS
VU)	Baltimore	600 Light Street,	Apt. 503	FOR MOST OF WORKING LIFE Owner-Vendir	or INDUSTRY Machine Co.
DSU.	AL RESIDENCE (IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	(N)		9 11.001.12.10 00.
20	MD	Balto.	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 600 Light St.	21230
N. F	ATHER'S NAME		15. MOTHER'S MAID	EN NAME	, 21200
all	Reid	Scott	Edith	MIDDLE	Challoner
2 / 160	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166. SOCIAL SECURITY		ADDRESS	
/	No	219 32 13	63 Mrs. Es	sther Scott.	Same
	18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL.	PART I DEATH WAS CAUSED	CAUSE (a) Arteriosclero	tic cardiovasc	ular disease	BETWEEN ONSET AND DEATH
ANSIT PER AL HYGIEI REMOVA		DUE TO, OR AS A CONSEQUENCE C			
TAL H	Canditians, if any, which gave rise to immediate	(b)			
()	cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE C)F	Market Branch	
HEALTH AND ME AL, CREMATION, O		(c)			
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7	AT WORK AT WORK				
Ĝ.	22a. I certify that I took any too	of the remains described above hild an	Autapsy , Inspectio	in , Inquiry and	in my apinian
Z Z	death resulted fram	ropses V Acoust . Sui	cide , Hamicide	Undetermined manner .	
AR	11/	1 - 11 Lan	TITLE (SPECIFY)		
W	ACTUAL SIGNATURE	- 1. 1000	Assista	IN THEDICAL EXAMINER	DATE SIGNED 5-6-87
ON THE PROPERTY OF THE PROPERT	EXAMINER'S NAME				
BALTIMORE, MARYLAND, 2	(TYPE OR PRINT)CHar	les P. Kokes	ADDRESS111	Penn St., Balta	o., MD 21201
	IURIAL, CREMATION, REMOVAL 236		ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		/9/87 Lorraine	Mausoleum	Balto.,	MD
7	UNERAL DIRECTOR Henry	W. Jenkins & Sor	12 CO.	REC'D BY REGISTRAR 156 REGIST	TRAR'S SIGNATURE
E (5))	905 York Road	Balto, MD 212	MAY	0 1901 9	The second secon

2/15/01 ___ E 150. Y E 250 I ith De., 01080 ___ rith the Honon 15 100 000 0000 leans M. Jenin J. M. Jenes or Byenter Elm., vo 21118

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ofe sicin yol.		18 CAUSE OF DEATH	nter only one couse	per line for (o),	(b), and (c				APPROX BETWEEN	IMATÉ INTERVAL ONSET AND DEAT
4		PART L DEATH WAS	MEDIATE CAUSE (o	CA	nDIAZ A	ANVES IT			Se	cont.
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200		underlying cause 1	ost.							
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he I hos	TIE	Lieval St.					YES NO		res [NO [
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TEN or us of He		sow the deceased a above, (1) (we) (did)			6-	d that in (my) (out) opinio	n death accurred on the	date and ha		
RECI RECI ed for ppt o		obove, (I) (we) (did)	(did not) view the b	ody ofter death.		DEGREE			1221 DATE	SIGNED
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PITAL by th IERAL Store Store ANT:		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		(PHYSICIAN 122e ADDRESS	D_DIRECTOR PHY	SICIAN	14-1	18)
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7 5 7 2 3 4	230 E	URIAL, CREMATION, REA	AOVAL 236 DATE		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
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DHMH - 16 60M 7/B4	24 FL	INERAL DIRECTOR				250 D.	ATE REC'D. BY REGISTR		TRAR'S SIGNA	URE
(VRA 15, 4)		Wm̂™C March	F/H West	4300	Wabash	Ave. A	PR 2.0 1987	Mulia .	Dividen R	udallo



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH 2b. HOUR FIRST YPE OR PRINT oge 3 arru 3 SEX RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HR MONTH YEAR Male Vhite K 70 BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Bultmore Maryland WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Truck Driver altimono. VA USUAL RESIDENCE (IF NI OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE SE COUNTY 13c. CITY OR TOWN 136 STREET ADDRESS / 710 CODE 13d. INSIDE CITY LIMITS? 7832 St. Boniface Lane NO X 21222 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Harry M. Seebold, Jr Genevieve Schloer I MAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT IYES. NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 214 - 54-267 Vietnam Anna Seebold Same as 13e. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY grawpulmonary Immediat IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Greater than 3 mm Advanced Rectal Cancer Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Hemornha PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION oagulopathy, Jaundice + scutes 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [Hygi 2] a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDIC AL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from saw the deceased give on Sobove, (1) (we) did (did nat) view the bady after death , and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE 27c. DATE SIGNED ATTENDING MEDICAL STAFF ould be deta FUNERAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22d. PHYSICIAN'S NAME LIVE OF PRINT 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 230 NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 5-11-87 Balltimore Maryalnd Oak Lawn Duda-Ruck Funeral Home of DUndalk 50. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4) 7922 Wise Ave. Dundalk, MD 21222

MEN THE SEE HOUSE BUT BUT SEE SEE SEE SEE

	1			STATE OF MARYLAND		
4994 1	1-	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEA		1399/
		EASED NAME FIRST	MIDDLE	EAST E \	20 DATE OF DEATH	AONTH DAY YEAR 26 HOUR
moy be poge 3	(TYPE	ORPRINT) CLARX	Frederic	k 5211		5 16 81 8 AM
	3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
ge 4 director, nours oft		Pale	White	5 14 1	908	YRS
l direct		OUNTRY)	76. CITIZEN OF WHAT COUNTRY	RARRIED NEVER MAR	RIED 9 BALTIMORE CITY OF	COUNTY OF DEATH
the funeral d within 72 h	1	Pa.	U. S. A.	WIDOWED DIVOR	CED SAI	TIMOSE (140 MD.
he fu	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
s die	1	BAltimore	St. Agor	os Hospit	Retired Sh	oe Store Manager
4 hou led in Id be	13a S	AL RESIDENCE (IF NURSING THE OF TATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORTY 13c. CITY OR TO	WN 138. INSIDE CITY	LIMITS? 13e STREET ADDRESS /	ZIP CODE Balto., Md.
77		Md. Rali	:0.	YES NOTHER'S M	XX 14/ Numery	Ln. B-4 #21228
一班月二	IAD FA	THER'S NAME FIRST	MIDDLE LAST	FIRS	MIDDLE	Paul
-	1/	Frederick VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	Sall CURITY NO. 17 INFORMANT		
n and Pages			E WAR OR DATES)		147 Nunnery Lame	#21228
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				BAKTO. WATIL.	25a DATE REC'D. BY REGISTRAR	
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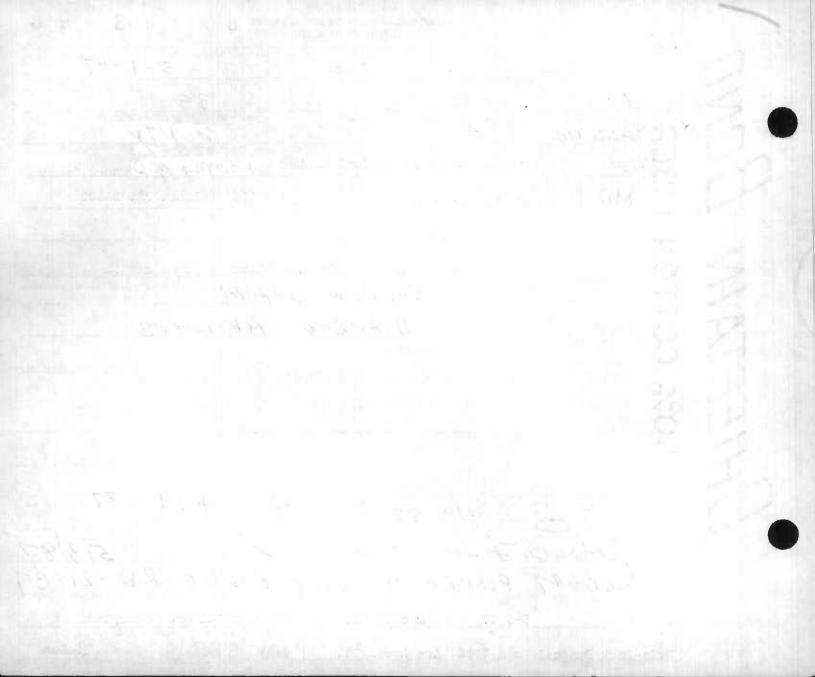
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE



5-23-87

Walter Dabrowski - 1005 Dundalk Ave.

Oak Lawn

21224

Burial

24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2h HOUR

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250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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IF UNDER 24 HRS

20 DATE OF DEATH

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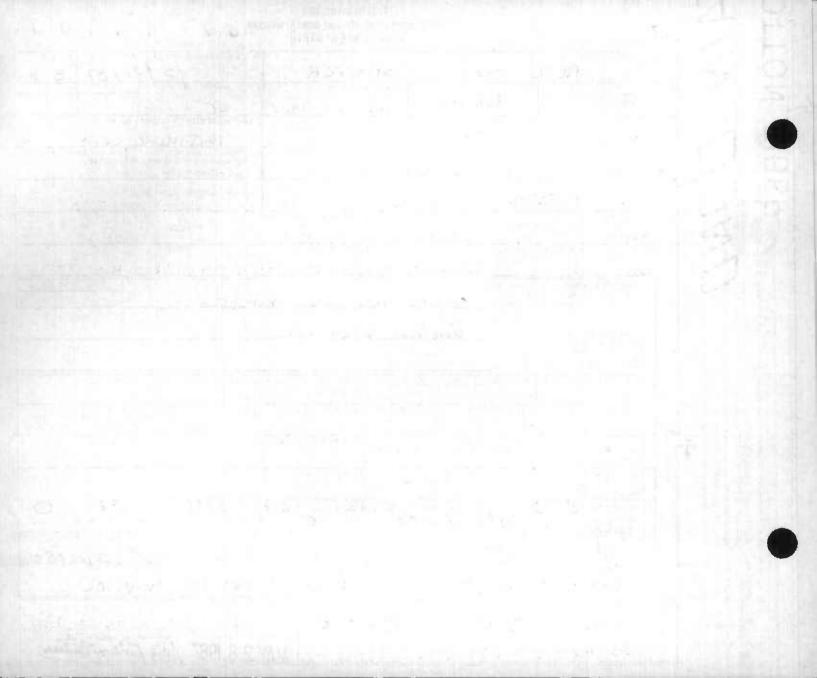
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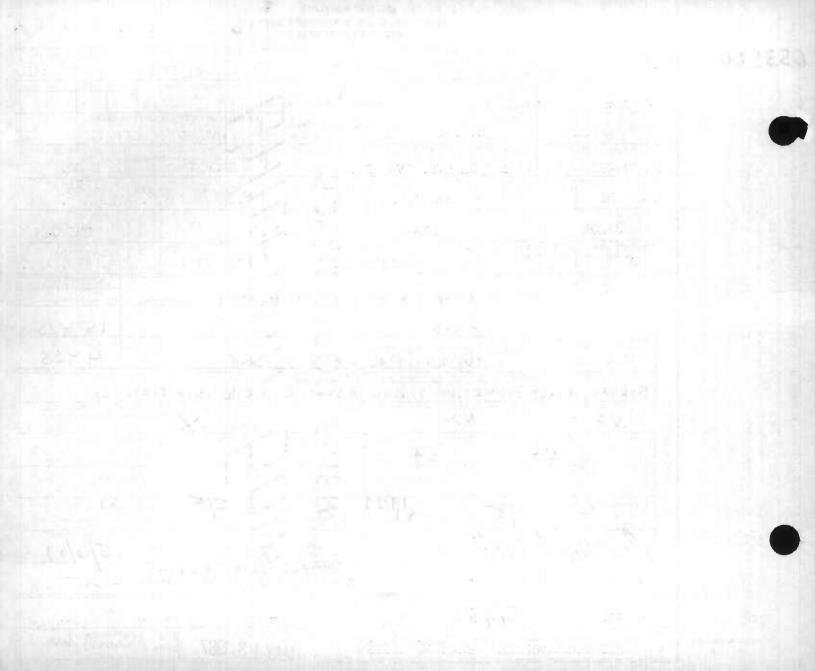
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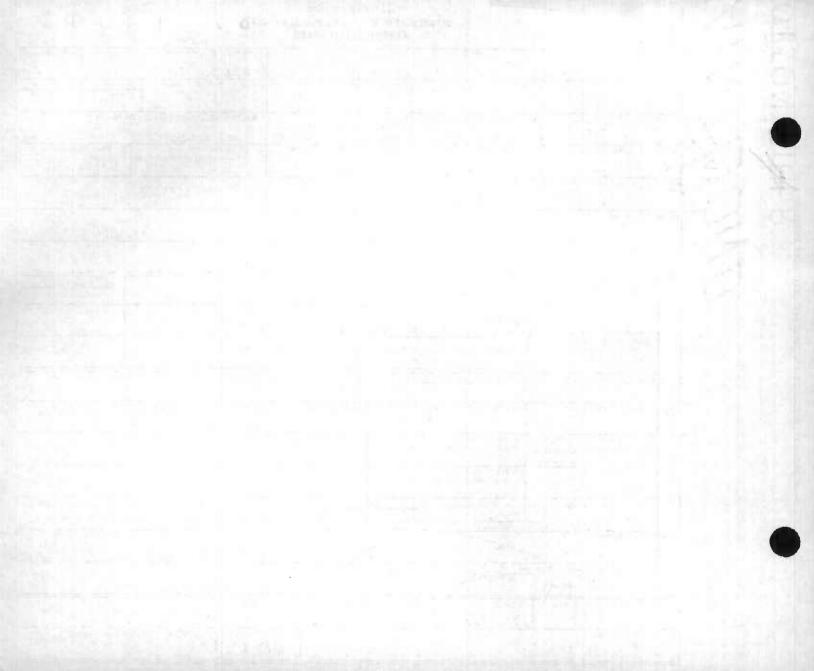
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W MANAGE	James	C.	Smith	Mary	WIDDEE	Carullo			
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OR he ho ochecochec	22b SIGNATURE	ni Dumist		DEGREE	MEDICAL STAFF	220 DATE SIGNED			
RAL deto	100			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	15/26/87			
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∑ 5 ± 2 3 ₹	23a BURIAL, CREMATION	N, REMOVAL 236 DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY			
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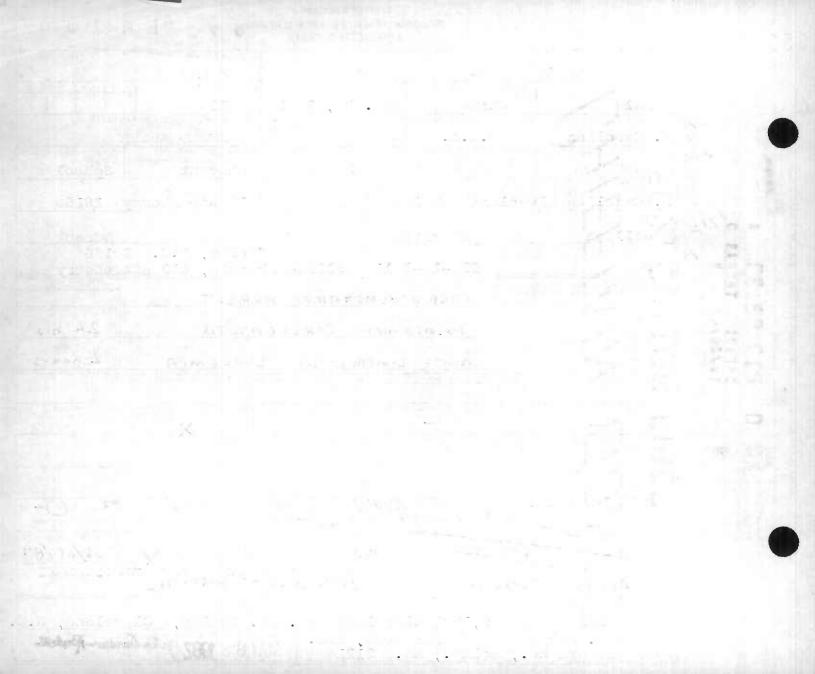
	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.								
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DIVISION OF VITAL ING PHYSICIAN: The Coffeeding physician Wher this certificate his os the buriol-tronsity th and Mental Hygien orked or Item 18 show	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY REET, FACTORY, OFFICE, FA	IRM, ETC.)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE		
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TO HOSPIT ro Funer should be o with the Ste		PENELOPE	P. SWIT,			SINA YUSIITA	of BOLLIN	1015	21215	-		
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NERAL DIRECTOR SO 010 REISTERS	L LEVINSON TOWN RD. B.	, & BROS., ALTO., MD'	INC. 21215	25a. DATE	REC'D. BY REGISTRAR 256	REGISTRA	MAI- R'S SIGNATUR	CYLAND		



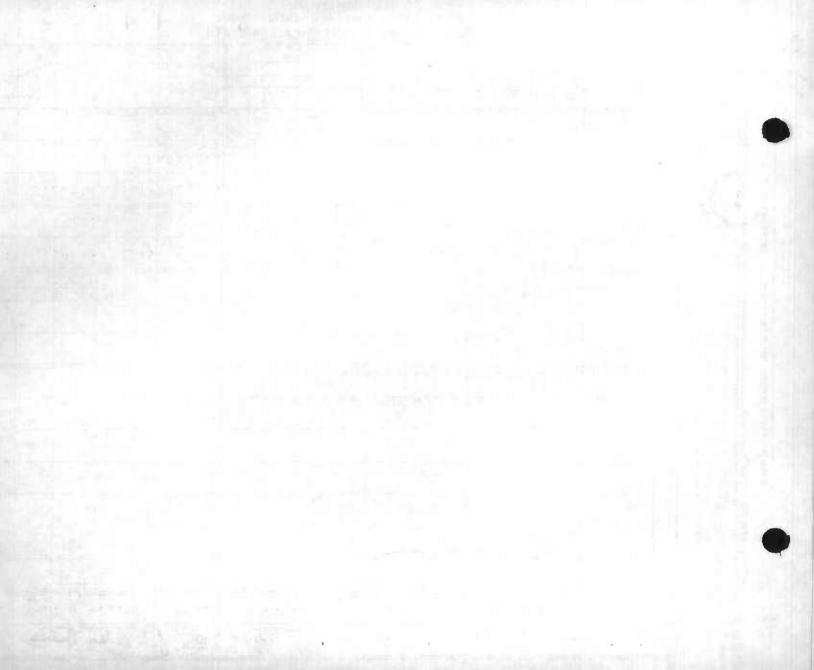
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH "REGISTRAR REG NO LAST DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR P THOMAS D. SHEARIN MAY 5, 1987 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR White Dec. 26, 1963 Male To BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED N. Carolina U.S.A. DIVORCED [BALTIMORE CITY WIDOWED EITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFES BALTIMORE THE JOHNS HOPKINS HOSPITAL Student School USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? N. Carolina Cleveland Shelby 613 Kingsberry 28150 EATHER'S NAME 15 MOTHER'S MAIDEN NAME William Shearin Mary Adcock Shelby, ADDRESC. In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 28150 238-17-3811 William Shearin, 613 Kingsberry 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF PANCREATITIS FULMIN ANT Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last ACUTE LYMPHOCYTIC LEUKEMIA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20h IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that ((1) Whis hospital) attended the deceased from ____ sow the deceased alive on obove (1) -- (did) (did not) view the bady ofter death and that in (my) opinion death accurred on the date and have and from the couses stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN M. D 774 PHYSICIAN'S NAMET PE OR PRINT 600 N. WOLFE ST. BALTO. MD. 21205 HOPKINS HOSPITAL TOGIAS ALKIS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION May 9,1987 Cleveland Mem. Pk. Shelby. Burial Cleveland, N.C. 250. DATE REC'D. BY REGISTRAR 25 PREGIS PAR'S SIGNATURE OF THE PROPERTY OF THE RUBERTY COR ALTENBURG FUNERAL HOME, INC. DHMH - 16 60M 7/84 6009 Harford Rd., Balto., Md. 21214 (VRA 15, 4)



	1.	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE AMEDICAL EXAMINER'S CERTIFICATE OF BEATH												
5 / 5 5 1 May	211	REGISTRAR	FIRST	ME	DICAL	EXAMINE	R'S C	ERTIFIC	ATE O	-		REG. NO.				
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PAGE S	ID. C	Baltimo		11 NAME OF HOS	CILITY, GIVE S	RSING HOME,	OR OTHE			12e USUA		ON TYPE OF	WORK 12h	OR INDUSTRY		
1323	13a S	AL RESIDENCE (#	13b. COU	OR OTHER INSTITUTION, G	13c Bity	ORTOWN Trimor	e	13d INSIDE CITY LIMITS? 13e ATREET ADDRESS Squit					th St. 21202			
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25M DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECTO	OR			North		25			GISTRAR 25		AR'S STOTAL		E)	



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you de	3. SE	X	4 RACE	5. DATE	OF BIRTH	6. AGE IN YEARS LAST BIR	THDAY) IF UNDER I	
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建图记	9	SAMUEL		SHERMAN	KATIE			FLAX
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mit. I	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION F	OR WHICH OPERATION	ON WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FI	INDINGS LISED
me prime	에 은	The DATE OF CHEMINION	17.0 CONDITION	ON WHICH OF ENAME	J. T. T. C.		IN CERTIFYING CAL	USES OF DEATH?
shov	4 5					YES NO	YES [ио 🗌
Soil		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		RY ONTH DAY YEAF	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART T OR PAR	RT 2)
s certif buriol-t Mentol	7 3	(IF EITHER NOTIFY MEDICAL EXAMI	DEATH	19				
Me Or M	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU	URY	211 LOCATION			
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Hed Hed		22a I certify that (I) (this ha	10			, to		, that (II (we) I
for of 21		saw the deceased alive above, (1) (we) (did) (did	not) view the body ofter di	eoth.	and that in (my) (aur) apinion	death occurred on the de	ate and hour and fran	n the couses stated
hed hed tept		226. SIGNATURE			DEGREE		22c. [DATE SIGNED
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FUNERAL old be detr		224 PHYSICIAN'S NAME AND	PE OR PRINT)		PHYSICIAN [DIRECTOR PHYSIC	IAN	
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should be de with the Stote		KON	CHAM	PIJ	SIVIPI	1021	1766	
E # 3 3		BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION		
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154219 14	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 CERTIFICATE OF DEATH REG. NO.									
ope 3	DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	Sherman	20. DATE OF DEATH MONI	- 17.87 3:05PM						
2 4 4 6 6	Female	White	5. DATE OF BIRTH MONTH DAY 12 - 14 - 191	1 75	YRS DAYS HOURS MIN.						
135	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	> X Saltimor	e City MD.						
4 49 %	SUAL RESIDENCE (IF NURSING HOME)	(IF NOT IN SUCH FACILITY, GIVE STREE	10	120 USUAL OCCUPATION (TYPE HOUSEWIFE OR	KING HEED AT HOME						
4 41 30	MARYLAND 136 COU			□ 5900 PARK H	TS. AVE. (21215)						
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oth certificate ending physic corbon plope i. or removal matic event, it			DIGAS!	with neps hosis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
the feet of the fe	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF	10 210 3000 513	2 / / 8 9						
ibe required	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?						
SICIAN The ng physicion certificate h sigilificate h sigilificate h term 18 sho	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH (DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN I	YES NO						
or other than After than a of the bo	21d. INJURY OCCURRED WILL AT WORK 22a L cartifu that (1) (this has	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC.) 211 LOCATION STREET	81 CITY OR TOWN	COUNTY STATE						
OR ATTEN. or hospital DiRECTOR. or other Nem 21 is	saw the deceased alive a	7 / / 7	DEGREE	appinion death accurred of the date of	nd have and from the causes stated 22c. DATE SIGNED						

BP____

DHMH - 16 60M 7/B4 (VRA 15, 4) 230 BURIAL CREMATION, REMOVAL 236 DATE 5/18/87

23c NAME OF CEMETERY OR CREMATORY
TZEMECH SEDEK CEMETERY

BALTIMORE

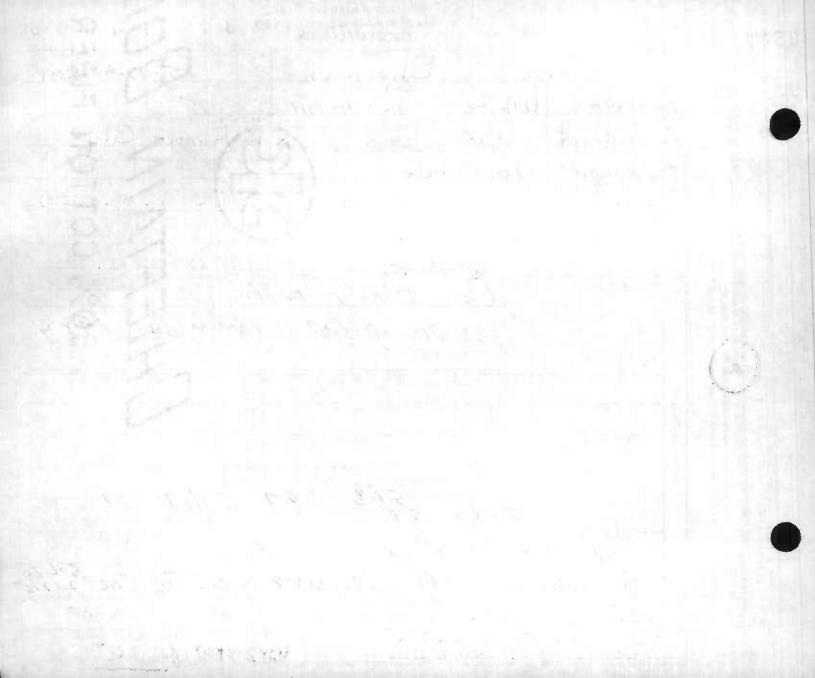
CMARYLAND STATE

74 FUNERAL DIRECTORSOL LEVINSON & BROS, INC.
6010 REISTERSTOWN RD. BALTO, MD 21215

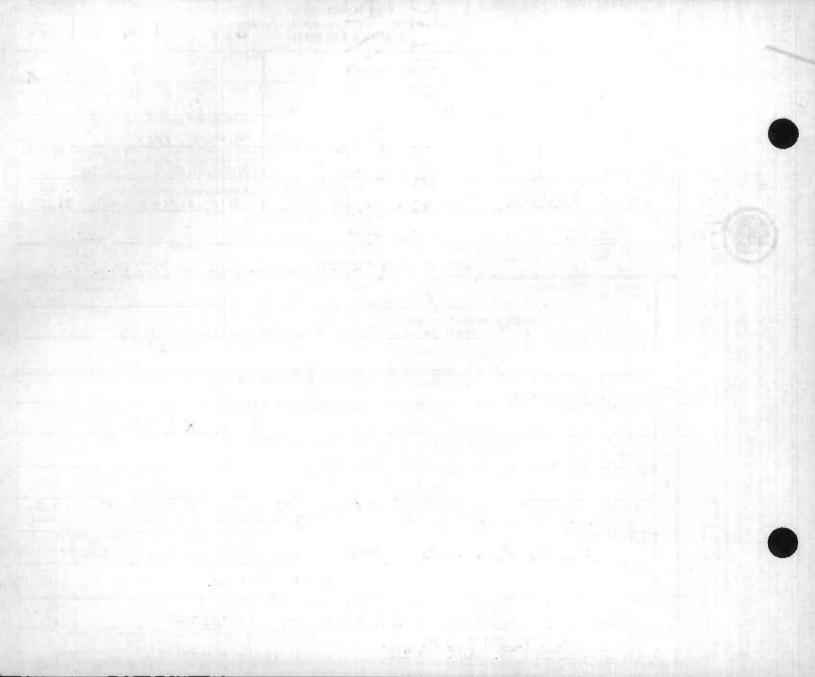
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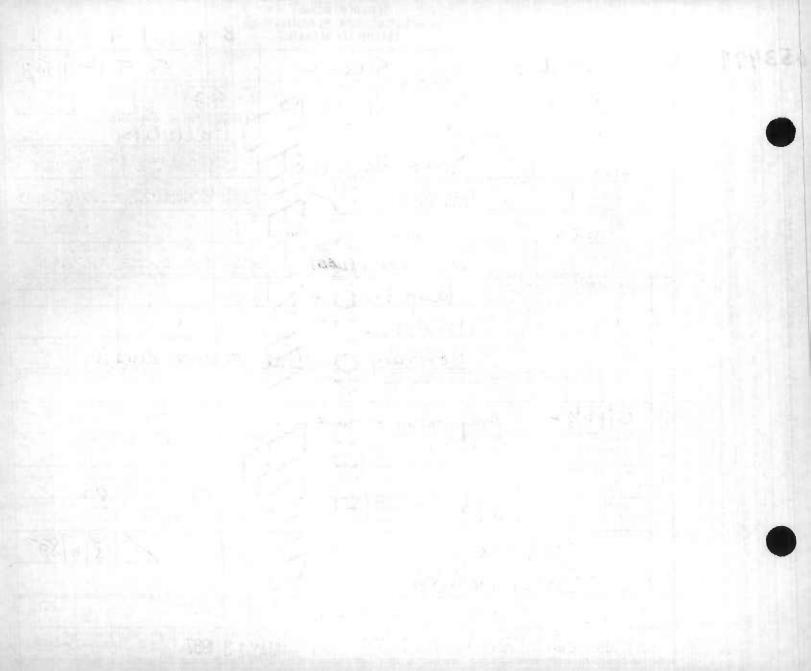
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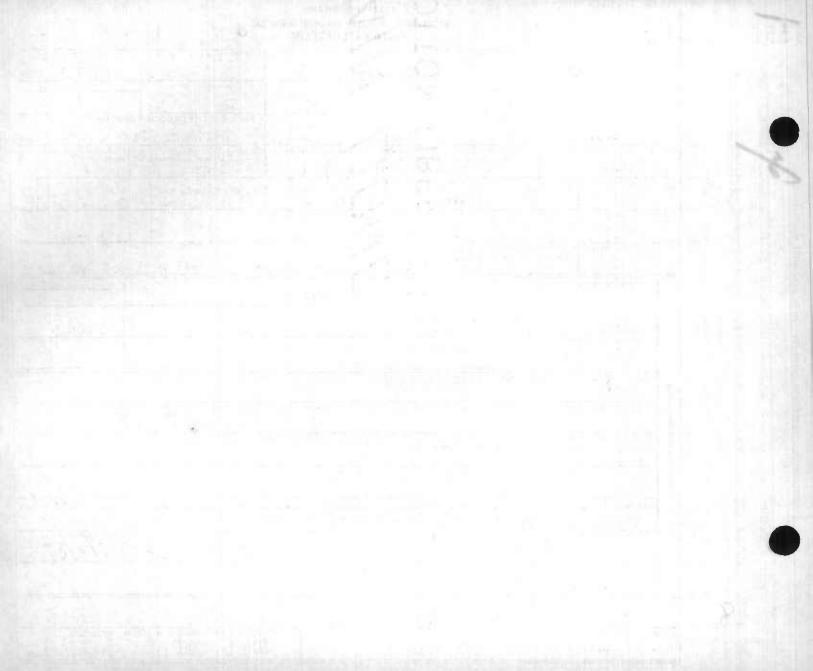
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH LI REGISTRAR REG. NO. 20. DATE OF DEATH 1. DECEASED NAME 2b HOUR (TYPE OR PRINT) George Simmons, Jr May 30. 1987 11:30am 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3 SEX MONTHS DAYS 29 1935 male black YRS BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? (STATE OF FOREIGN MARRIED NEVER MARRIED Baltimore City WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Maryland General (TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Hospital Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN Baltimore NO F 2945 Westwood Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE George Simmons Jannie auderdale ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR INKNOWN) (IF YES, GIVE WAR OR DATES) 213-32-5963 Esther Simmons 2945 Westwood Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY: Cardiorespiratory Arrest IMMEDIATE CAUSE (a) Pancreatic Cancer 1 month Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IX NO YES 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 270.1 certify that X (this hospital) attended the described from 87 May 26 and that in (My) (aur) opinion dooth accurred on the date and hour and from the causes stated dud nat sign the body after death. DEGREE THE DATESIGNE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA 22d PHYSICIAN'S NAME TYPE OR WIT 22e. ADDRESS 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECBuria) CITY OR TOWN COUNTY STATE 6/6/87 Arbutus Memorial Park Arbutus Md

DHMH - 16 60M 7/84 (VRA 15, 4) 24. FUNERAL DIRECTOR

Wm. C. March F/H West 4300 Wabash Avenue

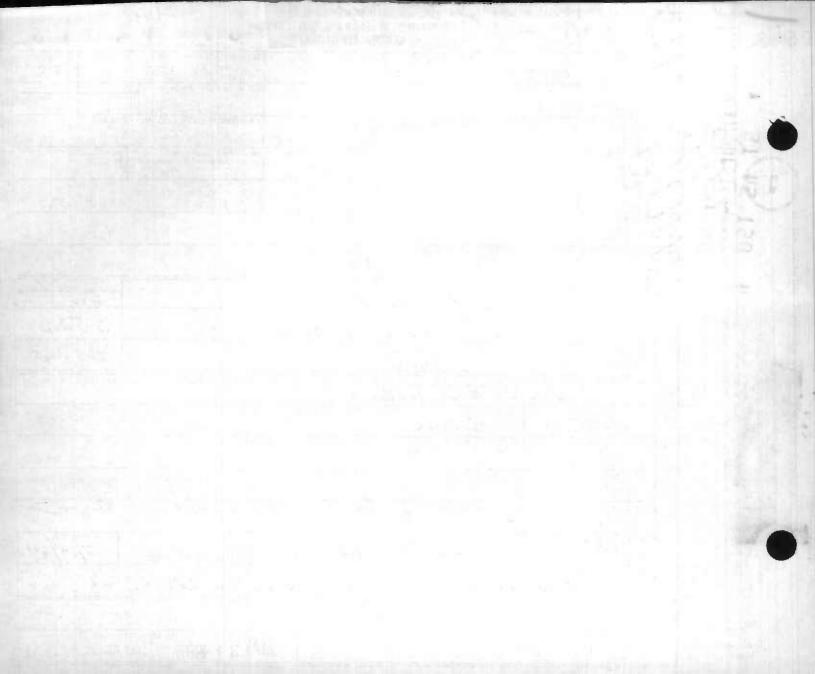
250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

JUN 5 1987 Lie Deviden Rendele



	FOR 6/12/87 TREGISTRAR	D17D DEPARTA	CERTIFICATE OF DEATH	REG. NO.	4013
	CEASED NAME FIRST E OR PRINT) JENTN		SIMMONS	MAY 19, 1987	7:08
3. SE		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNGER I YEAR IF UNDER 24 HRS
	Female	Black	3 14 11	76 YRS.	
35	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED ON DIVORCED	9 BALTIMORE CITY OR COUNTY OF BALTIMORE CIT	
Bo	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET, THE JOHNS HOK	INS HOSPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Factory Worke	126. KIND OF BUSINESS OF INDUSTRY P
130	MD 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134-CITY OR TOW Baltin	10 re YES X NO 1	13. STREET ADDRESS / ZIP CODE 2000 - 0 d e 1 1 A V	enue 21237
10	James	Smith	A First erta	A MIDDLE	Harris
16a V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV N O	E WIND OR D. 1860)	rity no. 117. Informant -3371 Doris Bake	ar 2221 Odell A	
motic event, t	PART I. DEATH WAS CAUSE IMMEDIAT	DUE TO, OR AS A CONSEQUE	ac Arrest		approximate interval Between Onset and Death 3-10 -1-
or other trou	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		3-5 days
No Do	Ch-	A1 ' 1	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART Tro
8 shows ony injur	190 DATE OF OPERATION		OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES VES	VERE FINDINGS USED NG CAUSES OF DEATH?
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
nrked or Item	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 із то	22a I certify that (I) (this hospitalise if	tal) attended the deceased from	5/17 , 19 87	, to 5/19 , 19, death occurred on the date and hour ar	77, that (I) (we had from the couses stated
ANT: # #eg	778. SIGNATURE	- lem	DEGREE MU ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/19/87
WPORT		DiGiovanna		m 600 N WOLFE ST 2	1205 Md
230	BURIAL, CREMATION, REMOVAL		edar Hill Cem.	Anne Arunde	
	uneral director	F/H 1101 E.S N	Inrth Ave	AY 2 1 1987	R'S SIGNATURE Deviden-Randae

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND TTON



Balto., MD

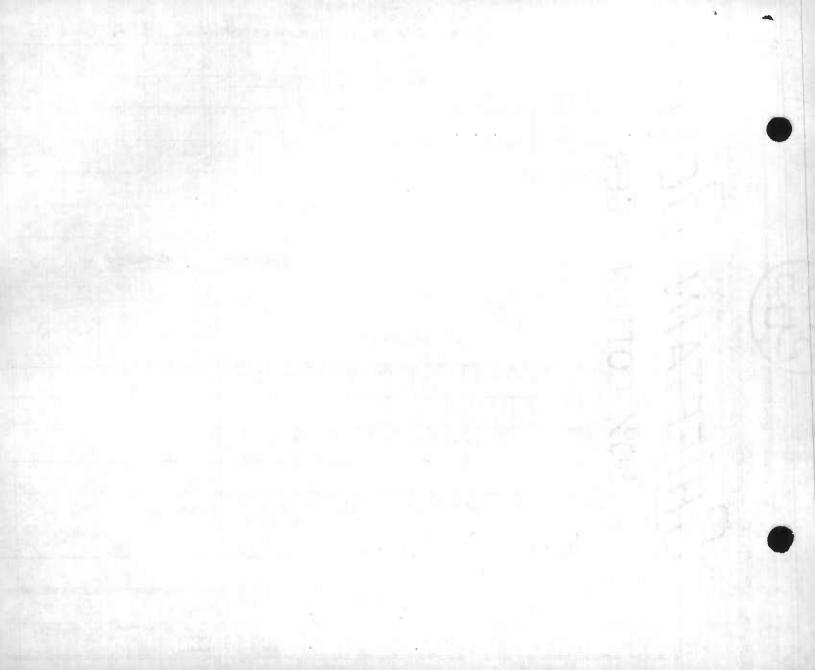
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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR TYPE OF PRINT) KNOWN X MONTH YEAR 20 DATE 26 HOUR OF ESTI-DEATH MATED 5 9 19 87 Ealie Simms WITHIN 72 HOUR 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 2c DATE YEAR LAST BIRTHDAY PRONOUNCED 8:30A 12 25 1987 MALE BLACK DEAD Th. CITIZEN OF WHAT COUNTR 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. S.C. WIDOWED A Baltimore City DIVORCED AND 3 TO THE F
RETAIN PAGE 5
HOULD BE FILED,
RECORDS, YOU W ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING (IFE) 2132 W. Fayette Street Baltimore USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO □ 2132 W. FAYETTE Md. Baltimore YES A 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST SIMS JULIA FUNNBOR JAMES 2132 ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) 247-42-1797 W. FAYETTE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ICATE, WARNED TO THE TORK TORK TO THE STATE DEPARTMENT OF H YES NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE Inquiry X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAI Natural causes X Undetermined manner death resulted fram: Accident Hamicide TITLE (SPECIFY) ACTUAL 5/9/87 DATE Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURTAL MDATE 5-15-87 BALTIMORE, MT. AUBURN 25M 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** 1101 E. NORTH AVE. FUNERAL HOME (VR A15 ME (5))



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0 0 2	1 0 2 1111	1. DEC	EASED NAME	FIRST	7710	MIDDLE	WIII VER 3	LAST	20 DATE KNOWN		AY YEAR 126 HOL	UR
	M ~ ~ & & E	{TYPI	OR PRINT)	VANTE		YNOHTNA	5	IMMS	OF ESTI-	5-5-87	1	
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	IS NECESSARY, PLEASE FUNERAL DIRECTOR. FOR YOUR FILES. D. WITHIN 72 HOURS. I W. PRESTON STREET,	FOI	REIGN COUNTRY)	1d /	11 S A		WIDO		7.50	City		AD
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5	JF ANY DELV 2, AND 3 TO 3, RETAIN P. SHOULD BE ALL RECORDS,	USUA 13a ST	LRESIDENCE	IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE	ADMISSIONI	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	2	1217	
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RE,	PAN		Willi		MIDDLE .	Simms		Vernice			cott	
IIMO	AFTER DE IVE PAGE 1 FORM 1 FORM 1 SION OF	16a. W	NO OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRES			
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STON N 24 H N ITEM ALON SIT PER AOVAL	PER VAL	1			TE CAUSE (6)SUE			th syndrom	e			
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DIVISION OF VITAL RECORDS, 201	ULD BE EXECUTEI "PENDING" IN I FF MEDICAL EXA ED AS A BURAL HEALTH AND M AL, CREMATION,	NO	6.25						74.1			
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VIS	DEP DEP	WED	21d INJURY C		21e PLACE C	OF INJURY (AT HE ORY, FARM, ETC.)	OME, 211. LC	CATION STREET	CITY OR TOWN	COUNTY	STATI	E
٥	E, WRIT RWARDI RWARDI PAGE STATED 7, 21201		AT WORK	AT WORK								
	WER: THIS CERTIFICATE CATE. WRITING THE V FORWARDED TO THE OR: PAGE 3 SHOULD THE STATE DEPARTME! ND, 21201 PRIOR TO		22a. I certii	y that I took charg	e of the remains desi	ribed above, held	d on Autor	sy X. Inspection	in . Inquiry . a	nd in my opinior	n	
	PE P		deoth result	d fram: Natur	al causes X.	Accident .	Suicide	, Hamicide .	Undetermined manner .			
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	OF 4 NOV	ini.	EXAMINER'S		Margarit	a A. Kor	ell, M.		111 Penn Street			
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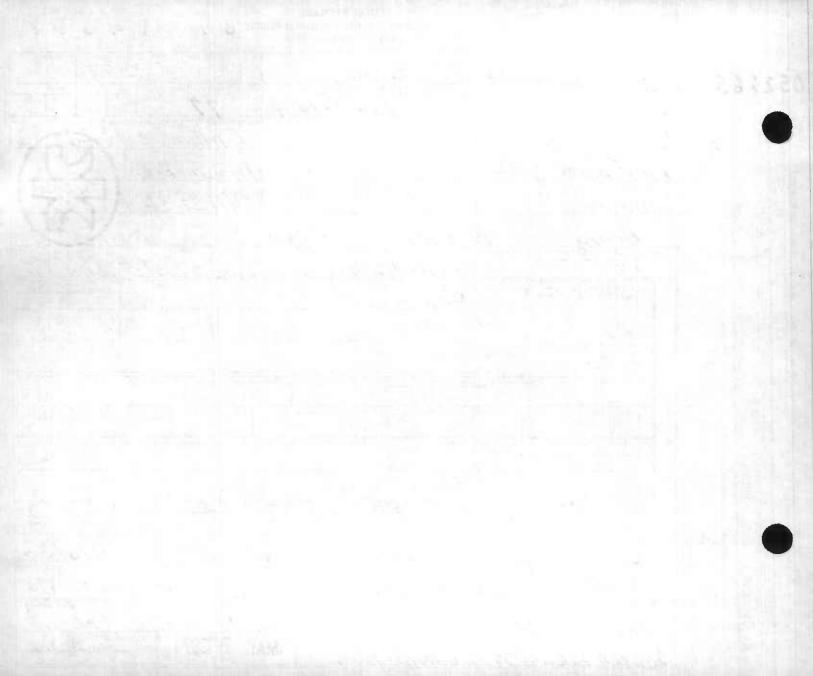


FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

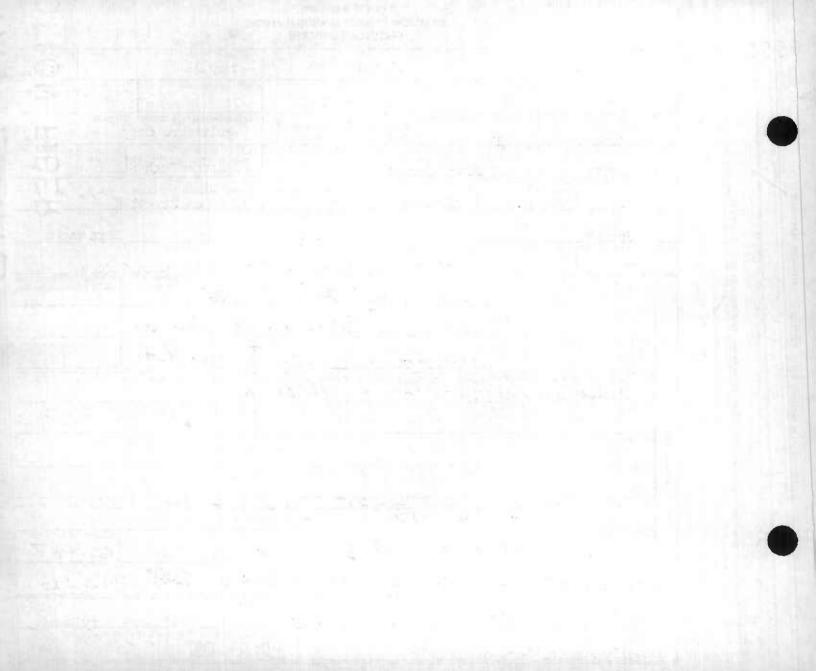


Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

DHMH - 16 60M 7/B4

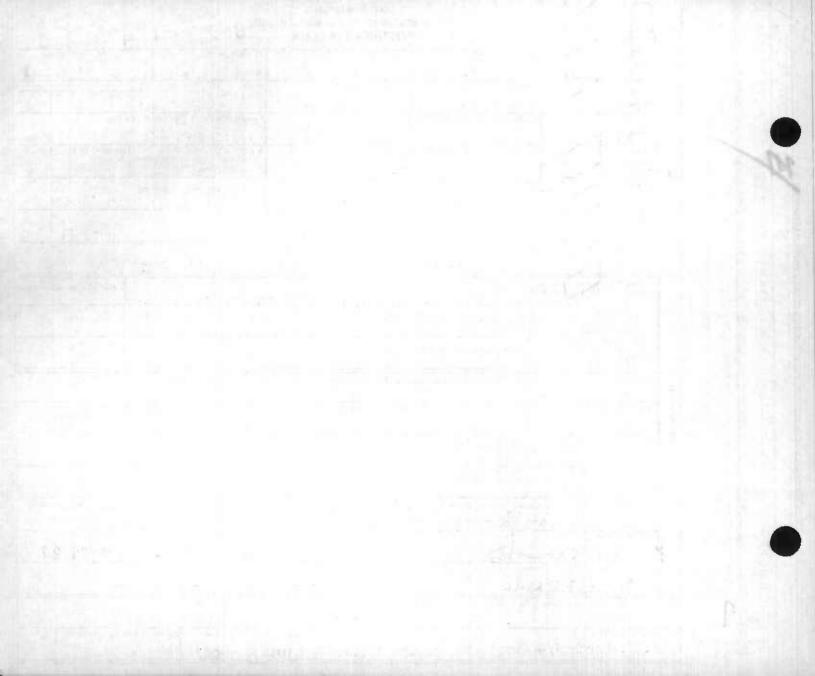
(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The law requires the offending physician. Wher this certificate has been signed to as the burial-transit permit. Then plea the and Mental Hygiene prior to burial, orked or them 18 shows any injury, are	CERTIFICATION	190 DATE OF OPERATI	ION	196. COMD	ITION FOR W	/НІСН ОЎЕ	RATION	WAS PERFORME	D	YES [NGS USED OF DEATH?
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(VRA 15, 4)	Co	onnelly Fun	neral I	Home o					JUI	N 2 1	98/	elia d	Cargosa.	andall



requires that the death certificate be executed within 24 hours after death. Page 4 may be

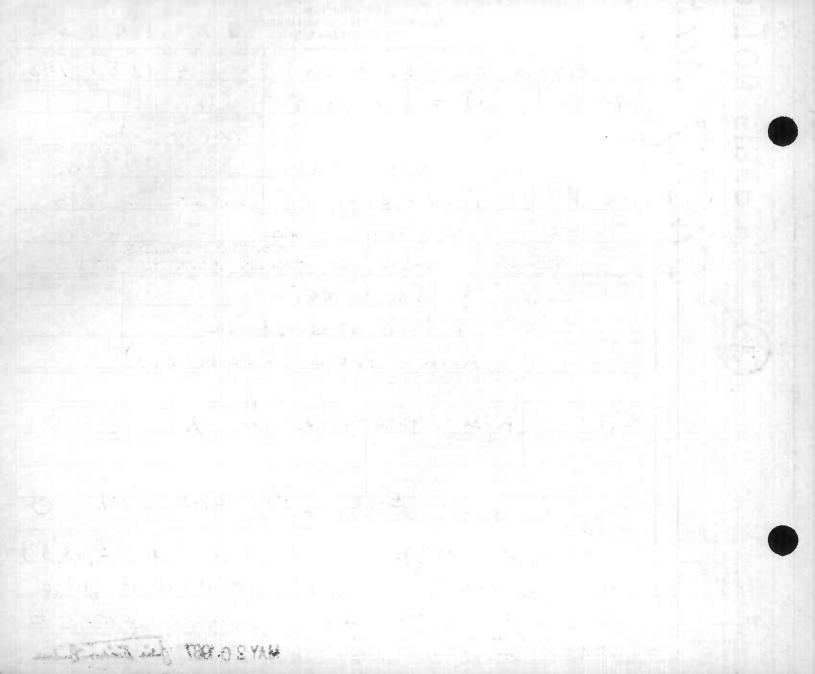
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quires that the death certifications is signed by the attending phen please remove carbon to burial, ceremation, or rem	plory, or other traumonic eve	z	NO	NO	NO	NOI	VIION	ATION	Conditions, il ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A ((b) DUE TO, OR AS A ((c) IT CONDITIONS CONTRIBUTIONS	CONSEQUENCE C)F			lia
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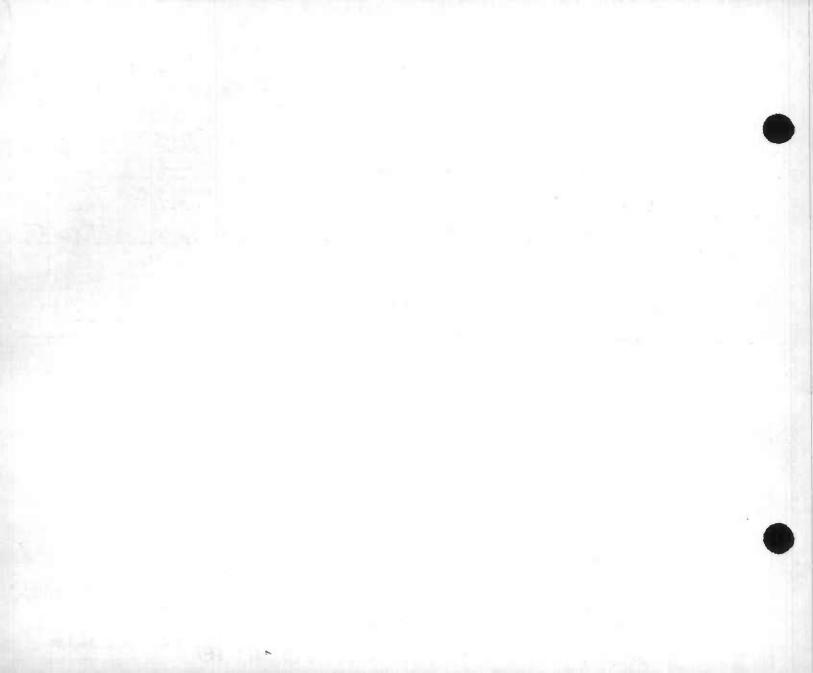
	1	FOR	Dr.	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY	CHINE	1 2 2 1
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O Aft olth		22a I certify that (1) (this hasp	ital) attended the deceased	from 5/25 10 8	1 10 5/30	19.87, that (1) (w) la
ATTENIOS SCTOR. d for us r of He			5/30	C 3	deoth occurred on the date and ha	
OR DIRE		226 CICALATURE	in tal hi	ital DEGREE ATTENDING	MEDICAL STAFF	5/30/87
SPITAL ad by the SNERAL Store Store					DIRECTOR PHYSICIAN	· ·
O HOSPITAL etoined by the TO FUNERAL should be detained that the Store with the Store MAPORTANT:		RAM LI	AL MITT	AL 2600 Liberte	esty red center	Bulhmon, MD 21
5 5 5 4 3 3	23a.	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		Burial	6/5/87	King Memorial Pk	. Baltimore	COO. MD
	24 F	UNERAL DIRECTOR		75a.DA	TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
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		STATE OF MARYLAND		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 MG PHYSCLIA. The law require motive decin confidence be executed within 24 hours whereding physician for the confidence of the law of the difference of the state of the 2 should be file thang Mental Hystere process by the confidence of minore. The model of the medical exchange from the physician of the medical exchange for the file arked or flow 18 hours on many, an other mountable with the medical exchange four being	USUAL RESIDENCE (IF NURSING HOME OR OTHER INST 136 STATE MARYLAND	BALTIMORE 13d INSIDE CITY LIMITS?	3214 HATTON RD.	#21208
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MORE e execute of Pages	YES NO OR UNKNOWN) (IF YES GIVE WAR ORD WIT-NAV	ATES)		21208
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TTEN Prof TTOR STEE	saw the desegned alive by	41/4	an death accurred on the date and haur and	d fram the causes stated
of No.	22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
HOSPITAL med by th FUNERAL uld be det who State	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	2/13/9.
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BP	230. BURIAL, CREMATION, REMOVAL 236 DA (SPECIFY) BURIAL MAY	14,1987 SHAAREI ZION	CITY OR TOWN CO	LTO. MD
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(VRA 15, 4)	6010 REISTERSTOWN RD	BALTO, MD 21215	MAY 2 0 1987 Juin 15	abon Pudale



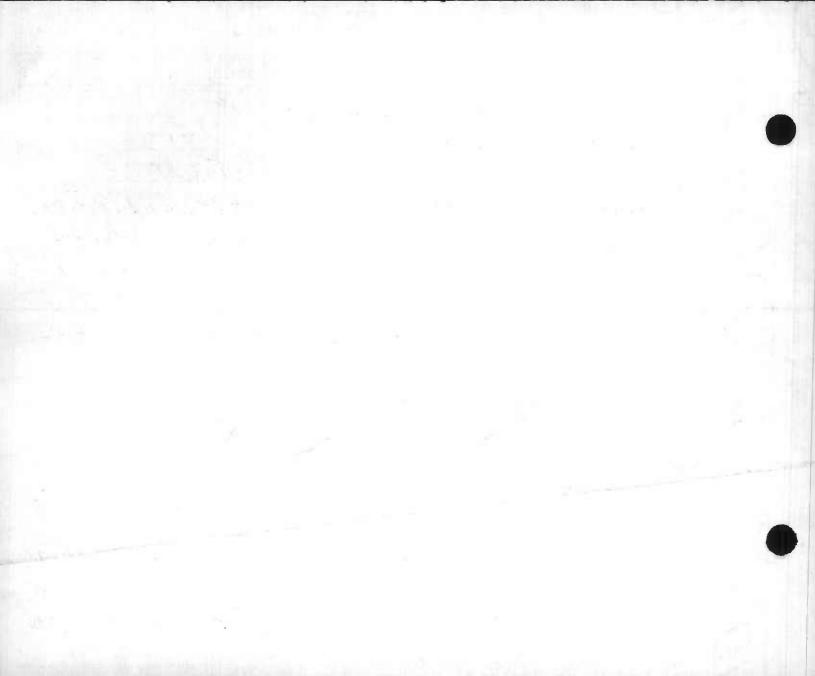
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202 1111	1.	STATE 6-03-87	A.L.	MENT OF HEALTH AND MENTAL S CERTIFICATE OF DEATH		
2	I. DE	CEASED NAME FIRST	WIDDLE	LAST /	REG. NO. 20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
pe a 3		ORPRINT) ROLL	BALL	Smith	1	1 2187 220
may be page 3 ter death	3 SE	× ()	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	
Poge 4 n		Male	Black	MONTH DAY YEAR YEAR	0	YRS. MONTHS DAYS HOURS MIN
8 PB 85		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
n 72		mD	us	WIDOWED DIVORCED	1 Button	nore City m
37	C	Balt more	1. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS)	170 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF W	
37	À U	AL RESIDENCE (IF NURSING HOME OR OT		RE ADMISSION)		21200
filling to	-	TATE DE COUNTY	y Balt	YES NO NO	130.STREET ADDRESS / Z	arrollton Ave
within the letter	14. F/	THER'S NAME	DOLE A LAST	15. MOTHER'S MAIDEN	NAME / MIDDIE.	-usi /-
		Thomas	Smi	th Wanda	Leniec	e Taylor
n ond tamp Poges I an		VAS DECEASED EVER IN U.S. ARME		URITY NO. 17 INFORMANT	ADDRESS	
n ond Poge		No				
rsicion ppers. rol. t, the		18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), a	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng physici bonpape r removol. ic event, th		PART I. DEATH WAS CAUSED IMMEDIATE	1 100 100 1	Turi My		142 min.
			DUE TO, OR AS A CONSEQU	JENCE OF		
ottendi nave col otian, o		Conditions, if ony, which	(b)			
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF	The second	
by the ose rer Il, crem other		underlying cause last	(c)			
signed Then ples to buria njury, or	7	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a.
requirements	CERTIFICATION		Time constitution and	1.00504.7404.444.5.0505.054.55		AL IF VEC MEDE ENION LOS MOSO
o program	FICA	190 DATE OF OPERATION	198. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	1 11	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
the has saying the has saying the has shows	RTII		an This os hilling	The How Million	YES NO	YES NO
ding physica is certificate by buriol-transit. Mental Hygie ar Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART ?)
ending physical this certificate buriol-transition dental Hydra dar frem 18	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
s t	_	AT WORK AT WORK		. /		
		22a.1 certify that (1) (this haspital	I) attended the deceased fram.	4/2/ 19	7, to 4/21	19
2047		saw the deceased alive on above, (1) (we) (did) (did not)	view the bady after death.	, ond that in (my) (aur) apie	nian death accurred an the date	and have and from the causes stated
OR A birect Direct Dept. f Item		22b. SIGNATURE	1 1 1	DEGREE	- Waller of the	22c. DATE SIGNED
4 000 =		1 days	100 mala	OND ATTENDIN	MEDICAL STAFF	4/2/18
ned by the red by the FUNERAL uld be determined for the State		224. PHYSICHAN'S NAME (TYPE OR P	PRINT)	27e ADDRESS	4 1 1 4	
Sign Elegan		SSondero	IM brown) 2435 W.	beliedere Au	e BIDADID
Of of Mark	73a I		723h. DATE 73c.	NAME OF CEMETERY OR CREMATO		LINITO OCIO
D.D.		SPECIFY) REMOVAL	4-7287	9 1/ -	CITY OR TOWN	COUNTY STATE
BP	24.5	JNERAL DIRECTOR	1270	DINAI HOSPILA		
HMH - 16 50M 4/B3	24 1	NAME / LISA '7	Tall - 2 / ADDRESS	Belieder Aus 11	DATE REC'D. BY REGISTRAR 256	an Doundson Handall
(VRA 15, 4)		BINA1 /103/11.	1401 W.	Dit Vide por	117 () 4 1437 11	The state of the s



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o m£		CEASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH DAY		2b HOUR	
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BAI core cope		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe	r line for (o), (b), one	d (ct.)	1.1-	P 1-		SETWEEN OF	NATE INTERVAL NSET AND DEATH	
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or o	-		(c)_	0010	nary	HITCH as	ease.			746	
DS, 2	z	PART 2 OTHER SIGNIFICANT	1		12	was Ata Ti	INAL DISEASE OR CON	DITION GIVEN	IN PART 110		
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DIVISION OF VITAL NG PHYSICIAN: The offending physician ther this certificate has sthe burial-tronsit put and Mental Hygier than and Mental Hygier than a M	ERT	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME C		Chare	21c HOW INJURY OCCUR	YES NOW	YES [NO 🗌	
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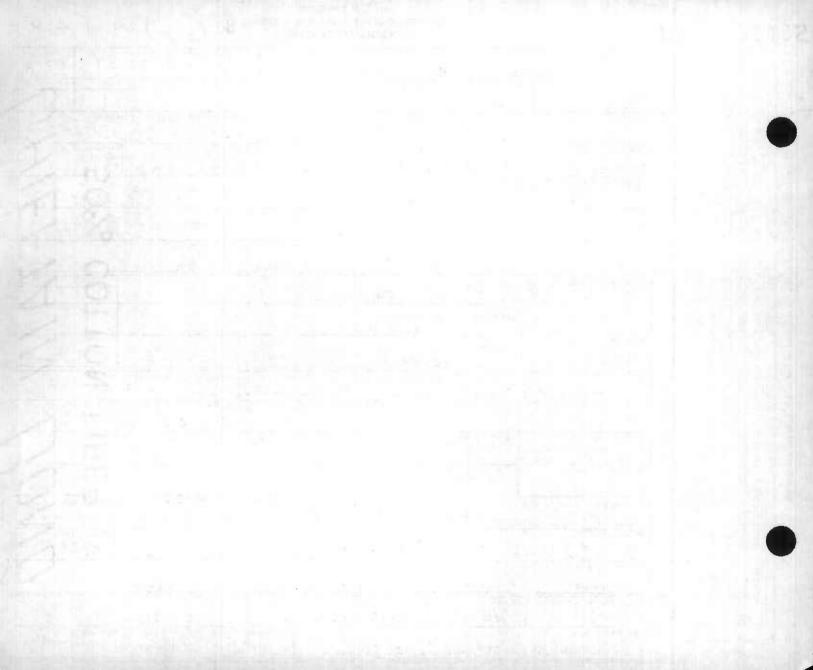
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of physics physics proper embred.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	r only one couse per line fo USED BY: DIATE CAUSE (a)	a diepuls	no nary ar	-est	APPRO BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
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OF VIII.	CAL CERT	21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LY EXPER, NOTEY MEDICAL EXAM	BEATH HOUR A.M.	JRY MONTH DAY YEAR	21c HOW INJURY OCCU	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
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DHMH - 16 50M 4/B3 (VRA 15, 4)	24. F	UNERAL DIRECTOR	Puss 2222	W. North	Ave. 111	ATE REC'D. BY REGISTRAR	25h. REGISTRAR'S SIGNA	TURE

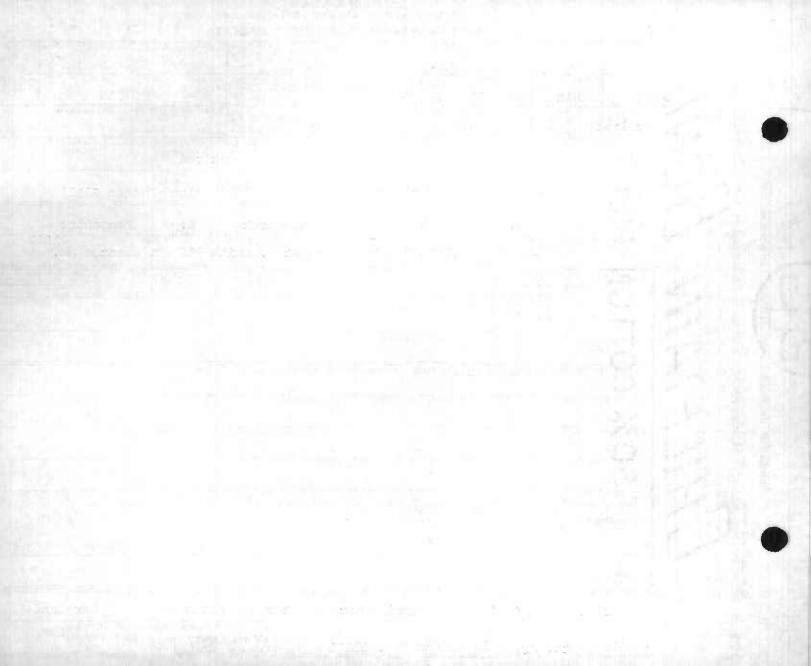


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ctor.			female	black		MONTH		60	MONTHS DAYS	HOURS MIN:
Pag dire	-67		IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WH.	AT COUNTRY?	8	4 1926	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
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nplet hd 2	No.	0	George	MIDDLE	Teele		Cora	WIDDLE	Willia	mc
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on ond	e medi		YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	579-42-5	140 \	lirginia Vanc	e 4806 Wrenwood	Avenue	
oper oper	#, #		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	SED RV.		ic.i	C *1			ATE INTERVAL
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rol-tr	E	AL	OR CONTRIBUTING CAUSE OF D		MONTH DA	T TEAR		/**		
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O P P	220		saw the deceased alive a above, (I (we) (did I did r	not) view the hody ofte	2 19	91, on	d that in (my (out) opinion	death occurred on the date and ha	ur and from the co	uses stated
ched	E14		22b. SIGNATURE		^		DEGREE		22c. DATE SI	
AL Deto	1.1		1 beti	rel J.	Olda	mil	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 5/2	2/87
NERA be de	MPORTANT	1	224 PHYSICIAN NAME TYPE	OR PRINT)			22e ADDRESS			
should be	o l		Patrick G	. O'Daniel	. M.D.		The Union M	emorial Hospital		
should b	₹	23a	BURIAL, CREMATION, REMOVA	L 236 DATE	23c N	AME OF CI	METERY OR CREMATORY	23d LOCATION		
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H - 16 60A	A 7/94		UNERAL DIRECTOR				250 DAT	FREC'D BY PEGISTRAPISH PEGIS	TRAR'S SIGNATUR	DE .
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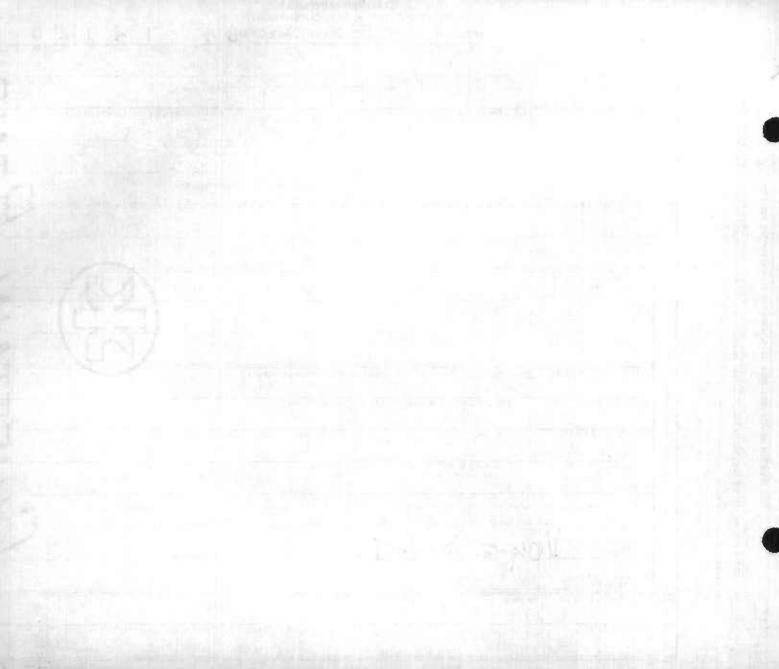
STATE OF MARYLAND



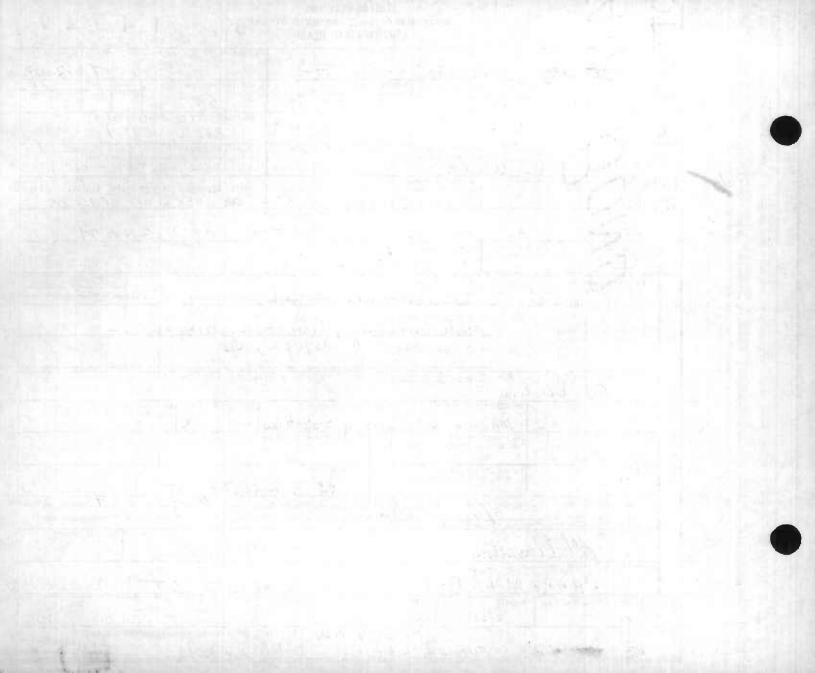
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 053625 HAY - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN MONTH DAY (TYPE OR PRINT) ESTI-1987 V. Smith DEATH MATED Ernest 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. S. DATE OF BIRTH DATE 6:35A YEAR LAST BIRTHDAY PRONOUNCED 08 17 08 DEAD Male White 78 YRS 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Mary Land USA Baltimore City WIDOWED X DIVORCED TAIN PAGE 5 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS retired Retired Sinai Hospital Baltimore 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 3838 Roland Avenue 21211 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Smith G. Hampshire James B. Margaret 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS DIVISION 212-05-4427 Ernest E. Smith 915 St. Dunston Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN HEWITED EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING WED AS 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG W TO FUNEAL DIRECTOR: RACE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gunshot wound to left head DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR Subject -self inflicted wound CONTRIBUTING CAUSE OF DEATH 714 INJURY OCCURRED 2Te PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK MD 8838 Roland Ave, Baltimore City, of the remains described about held 22a | certify that | took and in my opinion death resulted from Hamicide Undetermined manner IITLE (SPECIFY ACTUAL 5-14-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Maryland 5/18/87 Lorraine Park Cemetery Baltimore Burial 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 166 REGISTRAR'S SIGNATURE **DHMH - 17** A. Alan Seitz, Jr. 3818 Roland Ave. 21211 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN 1. DECEASED NAME YEAR (TYPE OR PRINT) ESTI IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, E. Smith DEATH MATED 5-28-8719 Frank 3 SEX 4 RACE IF UNDER LYR DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 7:05P 5-28-87 DEAD Male White 1947 40 Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Maryland Baltimore City ES 1, 2, AND 3TO THE FU MA 3, RETAIN PAGE 5 ND 2 SHOULD BE FILED, Y LITAL RECORDS, 700 W ID. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimcre Agnes Hospital Manager - Hearn & Kirkwood USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21229 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland -----Baltimore 4720 Dunkirk Ave. Balto. Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PW PW MIDDLE O A S Charles Edna Smith Kraft Mae ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES 216-54-7184 LaRue Smith Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL PERMIT. BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF **BURIAL - TRANSIT** Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost OF HEALTH AND MI VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION INER: THIS CENTRE WOULD THE WOULD FEEL WE FORWARDED TO THE CHIEF ME COR: PAGE 3 SHOULD BEUSED AT THE PEPARTMENT OF HEAT OF THE DEPARTMENT OF THE 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR WEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CEPTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN STATE WHILE AT WORK COUNTY Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) 5-29-87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M. Daddress 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATOR 23d. LOCATION STATE COUNTY 6/1/87 Burial Meadowridge Cemetery Dorsev Md. 07/84 24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md. 21228 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Lerov M. & Russell C. Witzke Funeral Home

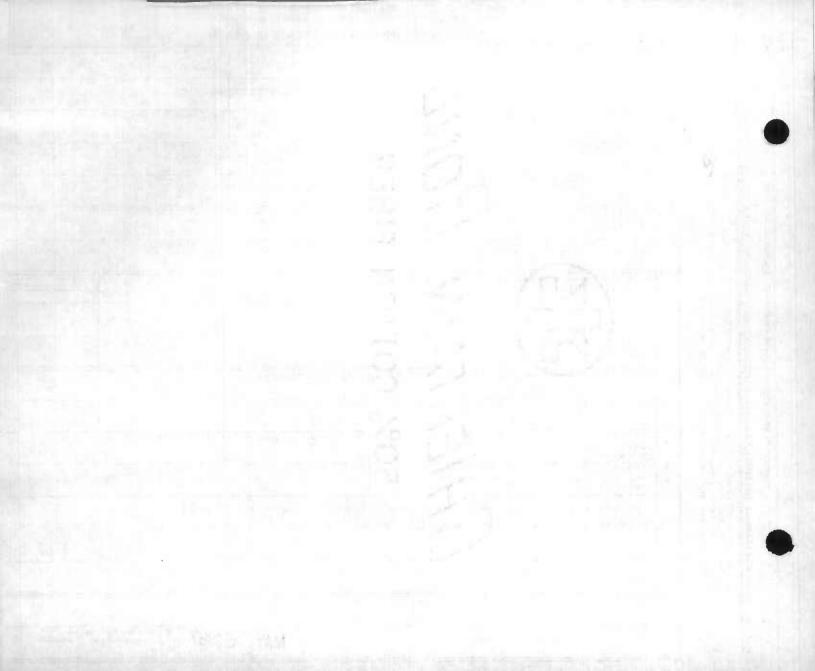


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		OR PRINT)	0 5000	E A. SMITH	· ·
	3. SE	(IE) IE CO	GEORG.	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HS
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38	JE C	BALTO.	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Caretaker/Manager Farm
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401	1	GEORGE	A. SMI		NI CUNING HAM
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17		YES, NO OR UNKNOWN) IIF YES, GIV	E WAR OR DATES! 155-	-05-7/70 William R Ke	eane Mayfield Farm St Michaels Ml
# ·		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for (o), I	b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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otic			DUE TO, OR AS A CONS	SEQUENCE OF	
000		Canditions, if any, which	(16) scrite	leukemia, infect	tion, arrhythmias
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٧. ٥		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
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6	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
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88 sk	8	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Hem 18		OR CONTRIBUTING CAUSE OF DEA			
=	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	19 21f LOCATION	
pa	₩.	WHILE NO! WHILE	(AT HOME, STREET FACTORY, O		CITY OR TOWN COUNTY STATE
TOF		AT WORK AT WORK		- 40	REENE ST Baltimore M
15		22a I certify that (1) (this hospi			death occurred on the date and hour and from the couses stated
m 2		sow the deceased alive on above, (1) (we) (did) (did no 226 SIGNATURE	view the body ofter death.	DE GREE	
# #e		MA SIGNATURE	out the	ATTENDING	MEDICAL STAFF
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RTA		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	??e ADDRESS	
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_	23a. E	URIAL, CREMATION, REMOVAL		234. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY STATE
-	_	Burial	5/11/87	Olivet Cemetery	St Michaels Talbot MD
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4)		MEWNA!		AI HOME M	AY 1 5 1987



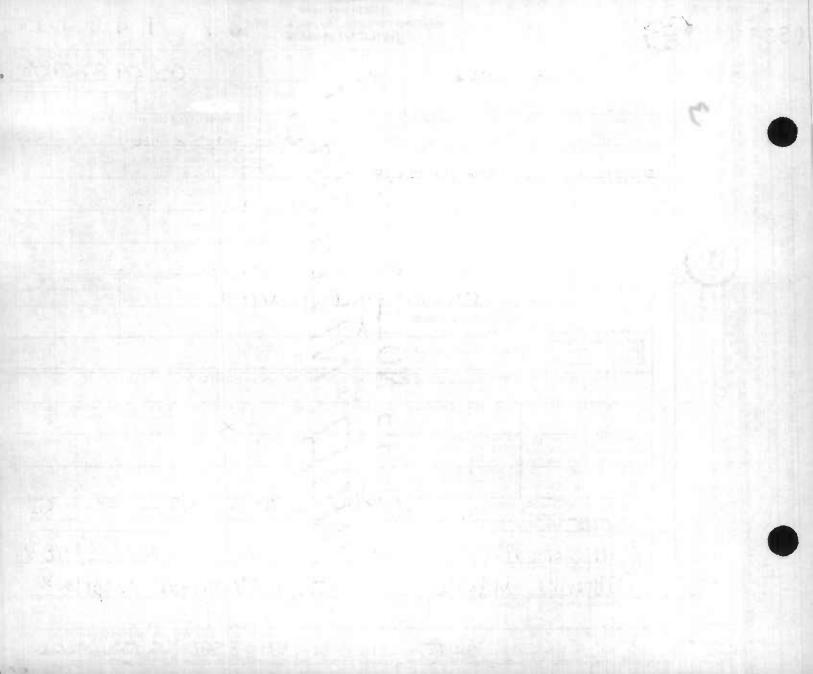
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO T. DECEASED NAME 20. DATE KNOWN X MONTH Zh HOUR (TYPE OR PRINT) OF ESTI-**JAMES** DEATH MATED SMITH 87 19 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c DATE LAST BIRTHDAY PRONOUNCED DEAD Black 1921 65 TO BRITHPLACE ISTANCO 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY MARYLAND WIDOWED [DIVORCED Baltimore City CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) University Hospital Baltimore Custodian Balto. City USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? | 130 STREET ADDRESS Baltimore, Maryland 13g STATE 13b COUNTY Baltimore YES [X NO] 1105 Ashburton Street, 21216 Maryland 15 MOTHER'S MAIDEN NAME MIDDLE FW11 Smith Catherine Blake Charles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRES Baltimore, Md. LYES, NO, OR UNKNOWNS 212--16--2483 Sarah E. Smith 1105 Ashburton St. 21216 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JATHOME. 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY Inspection X 220 I certify that I taak charge of the remains described above, held an Autopsy Inquiry Natural causes X Hamicide . Undetermined monner PAGE 4 SHL TO FUNERAL DIREC AFTER DEATH, WITH BALLIMORE, MARY ACTUAL 5-1-87 DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Ann M. Dixon, M.D 111 Penn St., Balto., MD 236 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 5/7/1987 Burial Western Star Cemetery Baltimore, Maryland 07/84 25M 24 FUNERAL DIRECTOR Sons Funeral Home, Inc. 25 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 2501 Gwynns Falls Pkwy, Baltimore, Md. 21216

STATE OF MARYLAND

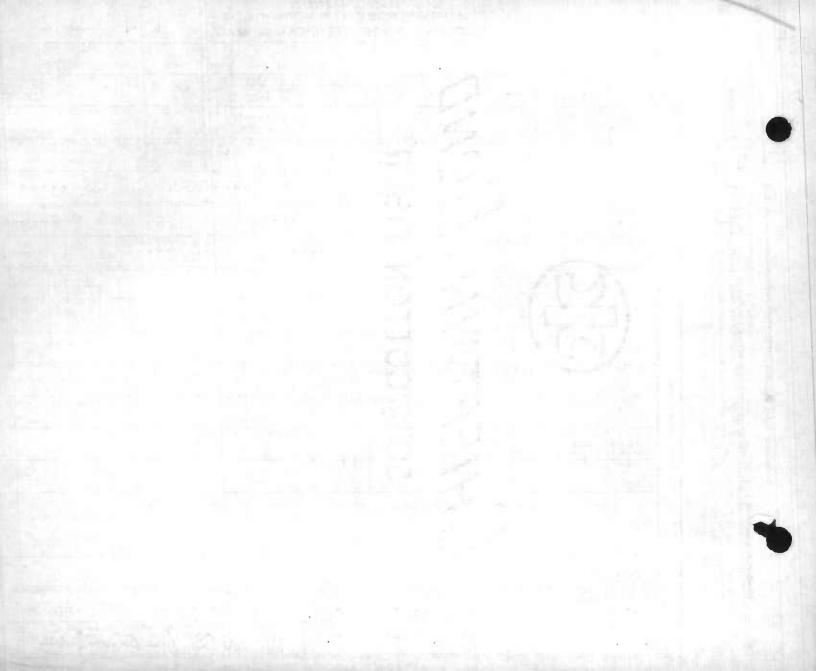


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	SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Pode by the hospital or attending physician.	INERAL DIRECTOR. After this certificate has been signed by the attending physical and empletely filled in by the funeral dire

				STATE OF MARYLAND	
	1.	FOR	DEPARTA	MENT OF HEALTH AND MENTAL HYG	GIENE 8 7 1 4 0 3 1
5 J 4 Z 1117	51	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
		CEASED NAME FIRST	JUNIOUS	LAST	28. DATE OF DEATH MONTH DAY YEAR 26. HOUR
oy be	1	Thomas	(Julius)	Smith	05 09 87 07007
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PHYS trending the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
Afre os olth onork	-	AT WORK AT WORK	on ottended the deceased from_	2/1/2 10 81	7 to 5/9 10.87 that 11 (was like
FENT OR I IS		sow the deceased glive on.	S/9 10	87 and that in (my) Gur) apinion	death occurred on the date and hour and from the causes stated
ATI OSPI ECT ed fo		obove (I) we odid) did not) view the body ofter deoth.	DEGREE	226. DATE SIGNED
At OR At DIRE		Catherine	maria	ATTENDING PHYSICIAN [MEDICAL STAFF L C/a/92
HOSPITAL ned by 11 FUNERAL uld be det the Stote		224. PHYSICIAN'S NAME ITYPE OF	PRINT	22e ADDRESS	
0 0 0 4 0		Catherine	MARCO	lunion	Memorial Hospital
5 5 4 × M	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN COUNTY STATE
BP		Burial	5/13/87 E	astview Cemetar	
DHMH - 16 60M 7/84	24 FL	JNERAL DIRECTOR		25a DAT	E REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(VRA 15, 4)		Wm. C. March	F/H 1101 ADE SS	North Ave. MA'	Y 1 3 1987 Julia Devidern-Rudale



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST KNOWN X MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-William C. Sr. Smith DEATH MATED 20 1987 4 RACE AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 2d HOUR 5. DATE OF BIRTH DATE LAST BIRTHDAY 5:06E PRONOUNCED 32 YRS Male Black 11 54 DEAD 20 1987 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore City MD WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Johns Hopkins Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 135 SIREELADDRESS Eastbury Ave. 21206 13a. STATE 136 COUNTY 13E CITY OR TOWN 134 INSIDE CITY LIMITS? BALTIMORE, MD, 2120 Baltimore YES X MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Lillie Мае Morton Smith Otis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN ADDRESS 220-64-1134 Lillie Mae Smith 5715 Eastbury Ave. No DIVISI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple gunshot wounds DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NT OF HE BURIAL YES X NO T 210 EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING AOR
CONTRIBUTING CAUSE OF DEATH 4:05p.m. 20 19 Subject shot 87 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK EXECUTE THE CERTIFICATE, WAR PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 street 2300 Blk. E. Preston St, Balto. City, MD. 22a I certify that I took charge of the remains described above, held an Inspection and in my opinion Homicide X Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 5/21/87 EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto, MD TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 286 DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Baltimore 5/27/87 MD Burial Baltimore Cem. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** C. March F/H 10101 E. North Ave. (VR A15 ME (5))

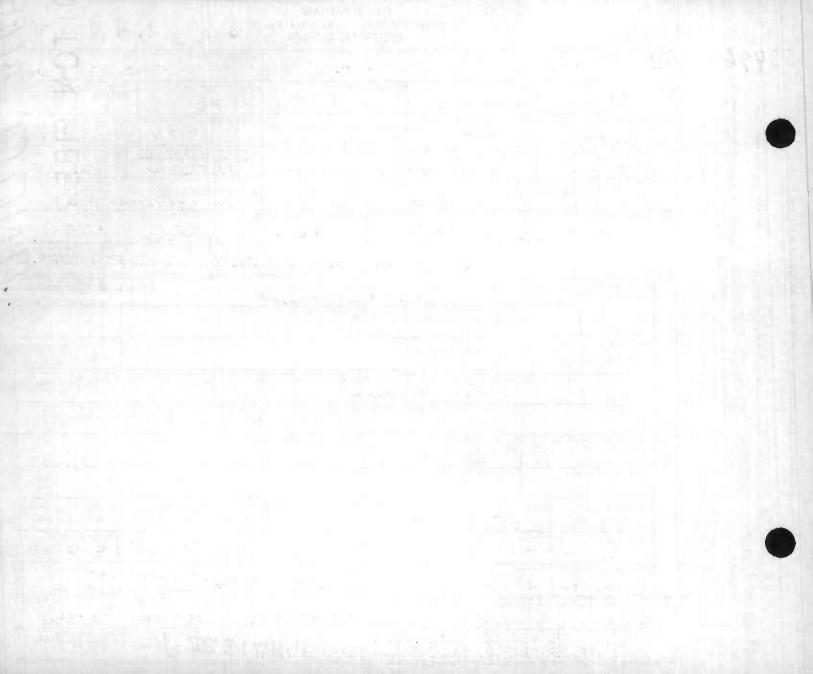


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	ESSARY, PLEASE ERAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS FESTON STREET,	FO	RTHPLACE (ST.	ATE OR		B. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY 1. NEVER MARRIED 1. NEVER MARRIED							-				
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15	C RESERVE		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmonary embolism complicating Alprazolam											BETW	EEN ONSET	AND DEATH	
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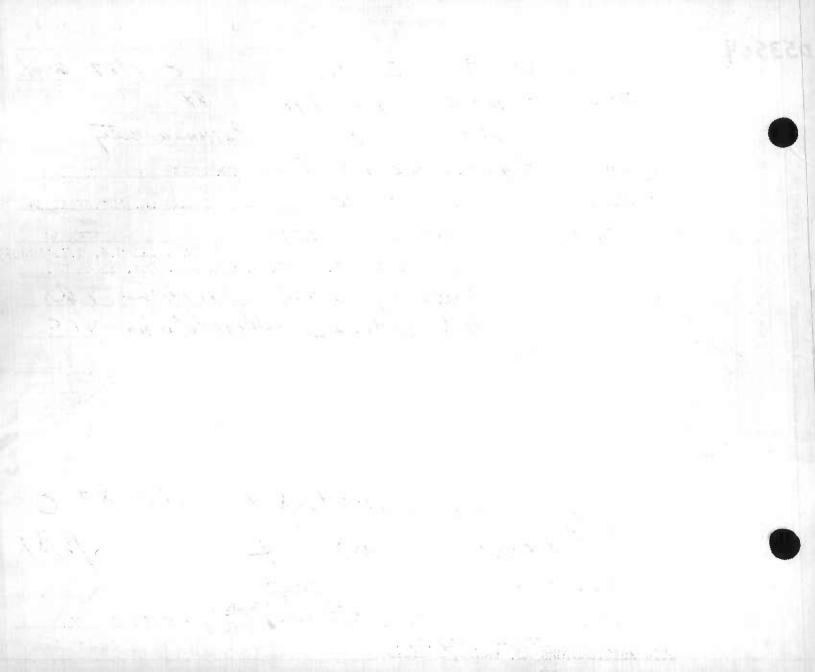
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er o	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME C			R OTHER INSTITUTION	120 SELF EMPI	OYED'	126 KIND OF INDUSTRY	BUSINESS OR
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: 4000		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CALDIO - RESP. MAKEST								レレフロら
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and to the design of the desig		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. (b) SPSIS DUE TO, OR AS A CONSEQUENCE OF								
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201 ned b pleo vrial,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
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on a parity of the control of the co	CAT	196 DATE OF OPERATION 196 CONDITION FOR WHICH OP			OPERATIO	WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED			
he lo on. hos t per ene	CERTIFICATION				YES NO			IN CERTIFYING CAUSES OF DEATH? YES NO NO		
Vsicing Vsicin	18	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE	RED ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I (OR PART 2)	
OF CLAR Physical Phys		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	YEAR 19					
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Wher this certificate has been sig os the burial-tronsit permit. Then th and Mental Hygiene prior to b th and Mental Hygiene prior to b orked or tem 18 shows any injury	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
D or or see of the or		22a.1 certify that (1) (this haspital) attended the deceased from 4.30 19.87 to MAY 2 19.57 that (1) (we) last								
TTEN Portol For u		saw the deceased alive an MAY 2 1957 , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.								
REC A Property of the Property		22c, DATE SIGNED								
the the District Helph		ATTENDING MEDICAL STAFF 5.2-87								
HOSPITAL ned by the FUNERAL sid be det the State		224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS								
O HOSPITA etained by TO FUNERA should be d with the Sta		(HARLES	A. PA	CO MD		- 10 3 - 11 - 11		BAUTIN	10126	RALEND
10 Ho 10 Fi should with 1	23a E	BURIAL, CREMATION, REMOVAL	236. DATE			EMETERY OR CREMATORY	23d LOCATION	CENSI		2123
BP		BURIAL	5/5/			FRIENDSHIP (CITY OR TOWN	MORE	MARY	LAND
DUM 17 1011 = 10				BROS.						
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 8010 REISTERSTOWN RD. BALTIMORE, MARYLAND 2121 MAY 1 3 1987									

STATE OF MARYLAND



	1					E OF MARYLAND				
1 5 1 JW -	1	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	8 /	. NO.	40	3 5
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nay be page 3 or death		ROSE				NYDER	MAY 31			11:15 PM
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Jacoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA		5.A.	WIDOWE		BALTIMO	RE CITY	OF DEATH	MD.
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medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	6 SOCIAL SECU 215–48–9		17 INFORMANT SIGMUND SNYD	ER 2026 G	PEVENSON REENSPR	N, MD (ING VAL	21153) LEY RD.
rtificate t g phy ma on pa emov, event, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per lin D BY. TE CAUSE (o)	Respira	e kry	Arrest				MATE INTERVAL ONSET AND DEATH
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Cion.	CERTIFICATION	190 DATE OF OPERATION		ON FOR WHICH	OPERATIO		YES NO	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
SICIAN: ng physic certificat urial-tran ental Hys frem 18 s		71a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)			AY YEAR	21c HOW INJURY OCCUR	ED (ENTER NATURE OF I	NJURY IN ITEM 18 PA	R1 I OR PART 2)	
offending of the busing the business the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITYO	NOTE	COUNTY	STATE
R ATTENDIN hospital or IRECTOR: Af hed for use o ept. of Health		220. I certify that (I) (this hasp saw the deceased alive above (I) (we) (did) (gid no 226. SIGNATURE	5/31	19.8		, 19 %6 d that in my (our) apinion (death occurred on the	3/, 1 e date and hour		
by the ERAL DI e detacl		22d PHYSICIAN'S NAME (TYPE O	my de	mD		ATTENDING PHYSICIAN ATTENDING PHYSICIAN ADDRESS	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗌	6/1	1/87
TO HOSPITAL (retained by the TO FUNERAL IS Should be detoo with the State E IMPORTANT: If		DR. KEVIN	SNYDER			116 HAYS ST.		AIR, MD		
BP	230 E	Burial, Cremation, Removal SPECIFY) BURIAL	23b. DATE 6/1/87			CHAIM _ CEM	BALTIMO		-	RYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	6010 REISTER	LEVINSON STOWN RD.	& BROS. BALTO, N	INC AD 212	250 DAT	N 3 1987	AR 25b. REGISTS	COLUMN - K	VRE date

	FOR	DERADA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	versus O "Z I	A 17 7 6
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actor pu	F EMALE	A RACE HITE	5 DATE OF BIRTH	6 AGE TIN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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s ofter d	10. CITY OR TOWN OF DEATH BALT#MORE	11. NAME OF HOSPITAL, NURSI	HOME OR OTHER INSTITUTION TO BORESSI LE Brew Jerialic	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	GLIFE) 126 MIND OF BUSINESS OR INDUSTRY AT HOME
24 hours	USUAL RESIDENCE (IF NURSING HO 130. STATE 130. C MARYLAND —	OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE TO STATE OF THE STATE O	VN ISIDE CITY LIMITS		ЭD€
mpletel xon in	14 FATHER'S NAME FIRST SANDOR	MIDDLE LAST SHOLD	15 MOTHER'S MAIDEN HET FRIMM	NAME	WASSERMAN
Pages Pages	160 WAS DECEASED EVER IN U 1465 NO OR UNKNOWN) (15 Y	S. ARMED FORCES? I 6b. SOCIAL SEC ES. GIVE WAR OR DATES) 219-32	URITY NO. 17. INFORMANT		22 N.Y., N.Y. (1002
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the hospital the hospital to DIRECTOR stacked for us to Dept. of He till frem 21 is	you the decomposition	hospital) attended the deceased from, ve an	DEGREE ATTENDING PHYSICIAN		that (I (we) lost room and from the causes stated
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:	DR.S. L	EVENSON	27e ADDRESS LEVIND	ALE	
BP	230 BURIAL, CREMATION, REMO (SPECIFY) BURIAL		WINTCHED BENEVOLE		COUNTY STATE
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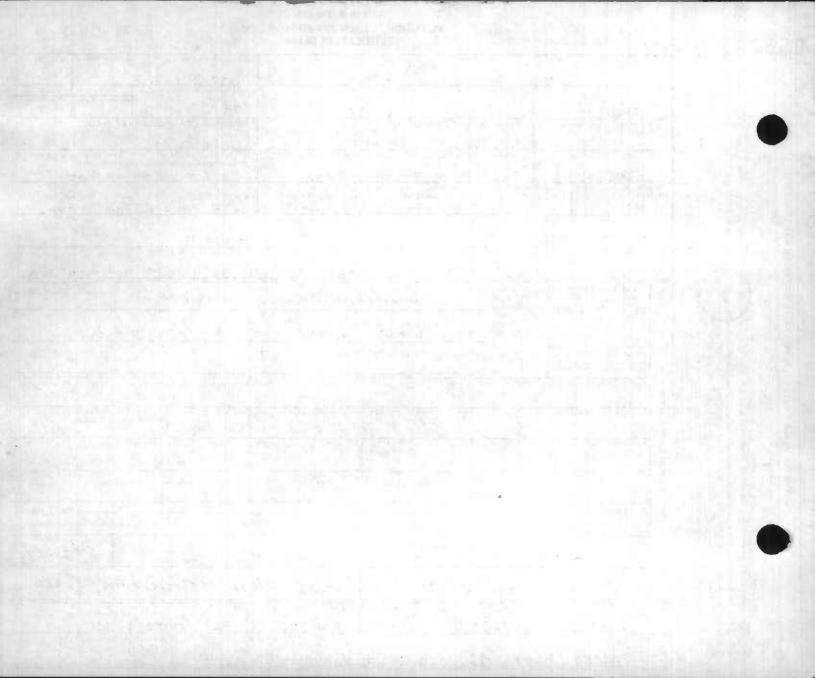
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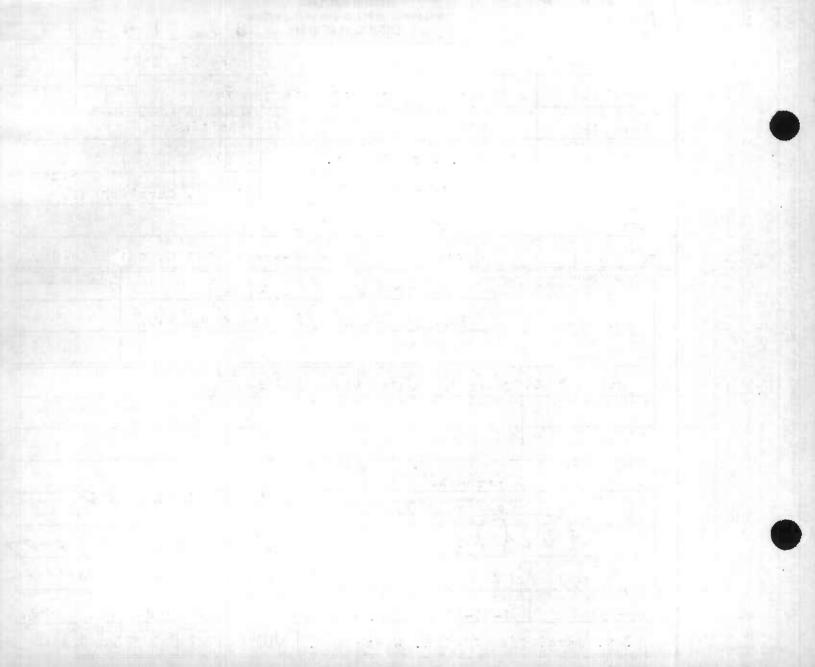
STATE OF MARYLAND

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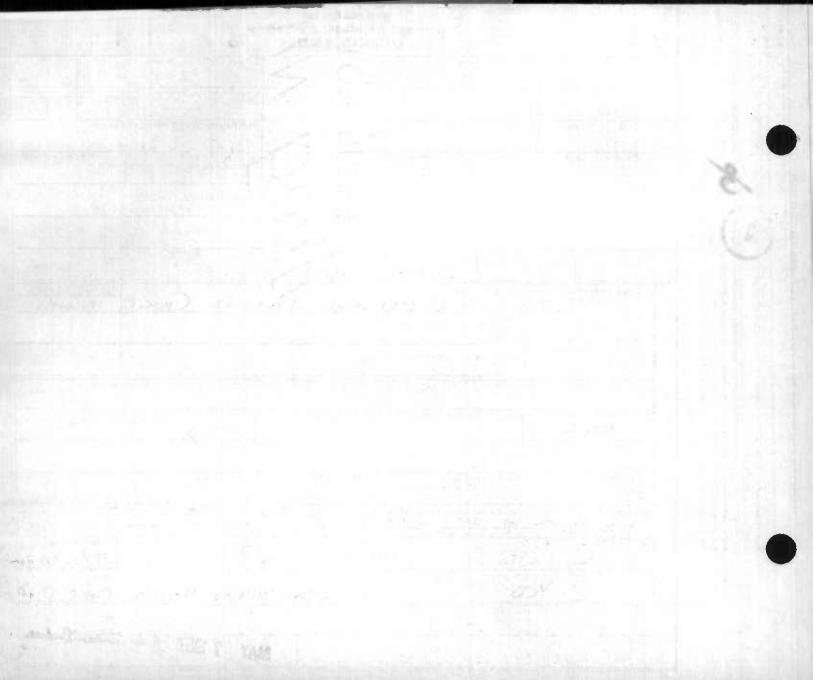


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ATTENDIA Sopital or ECTOR: Af of for use of t. of Health		22a.1 certify that (1) (this has sow the deceased alive above, (1) (w)	on Dec	2 19 1			(our) opinion	death occurred on	the date and hour	and from the c	
HOSPITAL OR ined by the hold by the hold be detoched the State Deprometry. If here		276. SIGNATURE	us.	MD	D	22e ADDRES		MEDICAL DIRECTOR PI			8-
TO HOSPITA	74.	AL do	Paz	122	IAME OF C	100	o Eag		. Balk	Mid	212
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STATE OF MARYLAND



				STATE OF MARYLAND	
52774 HAY -		FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	1ENE 8 7 _{REG. NO.} 1 4 0 4 0
4		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
noy be	,,,,,	EMMA	Т.	SPENCER	5 3 87 M
e d o	3 SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER : YEAR IF UNDER 24 HRS
ge 4		Female	Black	5 20 YEAR 5	61 YRS. MONTHS DAYS HOURS MIN.
Po di più di		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
ne n		irginia	USA	WIDOWED DIVORCED	Baltimore City MD.
offer d		ror Town OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 2740 Berv1	GHOME OR OTHER INSTITUTION DDRESS) AVe. 21205	170 USUAL OCCUPATION 126 KIND OF BUSINESS OR (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
hours hours	USU	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	
ND 1		laryland 136 cour	Baltim	100 110 211 211 211	130 STREET ADDRESS / ZIP CODE 2704 Beryl Ave. 21205
A Cin that		THER'S NAME		15. MOTHER'S MAIDEN NAM	ME
A C TO STATE	3	Richard	Beard	Hattie	Terry
BALTIMORE, MARYLAND cote be confined than 4 ysicion end ppers. Pog vol. it, the medical engineermis	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI		ADDRESS
on or see		ES, NO OR UNKNOWN) (IF YES, GIV	215244	247 Thurman B	eard 937 N. Luzerne St.2120
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLING PHYSICIAN: The low requires that the death certificate after this certificate has been signed by the attending physicion is the bunal-strains permit. Then please remove corbonopope th and Mental Hygiene prior to bunial, cremation, or removal, arked or them 18 shaws any injury, or other troumatic event, the	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	INAL DISEASE OR CONDITION GIVEN IN PART TIO 200 AUTOPSY? YES NO
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m 5 O = -		sow the deceased afive on	May 2.0	, and that in (my) (our) apinion a	death occurred on the date and how and from the couses stated
OR che		226 SIGNATURE	Tro	DEGREE ATTENDING PHYSICIAN PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 5/6/7
TO HOSPITAL or reloined by the TO FUNERAL I should be detain with the Store I IMPORTANT: #		27d. PHYSICIAN'S NAME TYPE	PR PRINT!	Johns H	OPKILS HOPPITM: BAUT MD
D 5 5 4 3 ₹	23a B	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	234 LOCATION CITY OF TOWN COUNTY STATE
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(VRA 15, 4)		Mm. C. March	F/H 1101 E. N	orth Ave.	IAI R IOOF O.

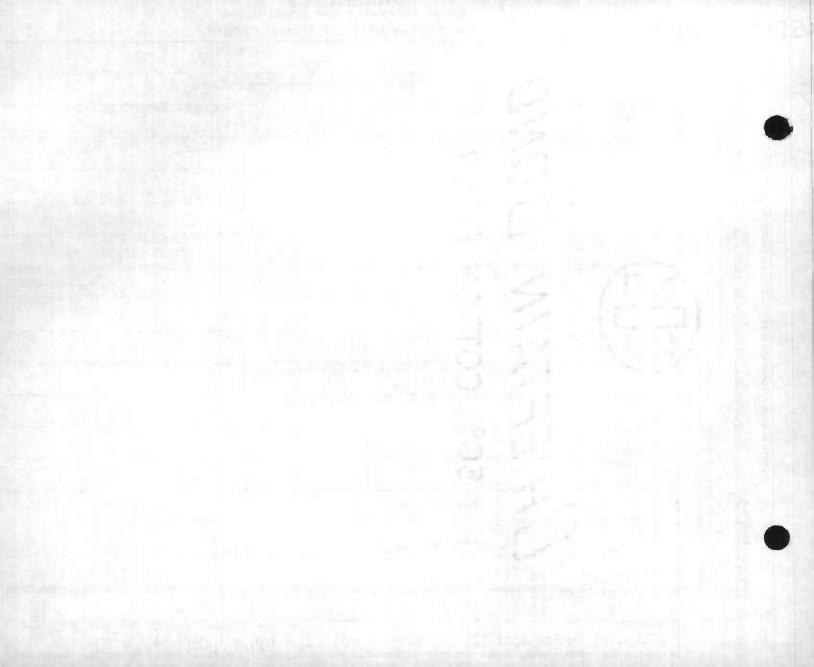


	STATE OF MARYLAND
	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / 4 0 4 1
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ge 4 mcge 4 mcrs ofter. p	3. SEX ARCE S. DATE OF BIRTH MONTH DAY YEAR S. DATE OF BIRTH MONTH DAY YEAR YEAR YEAR YEAR AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS MONTHS DAYS HOURS MIN.
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AND 21:	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. CITY OR TOWN 132. CITY OR TOWN 134. INSIDE CITY LIMITS? 135. STREET ADDRESS / ZIP CODE 150. STREET ADDRESS / ZIP CODE 150. STREET ADDRESS / ZIP CODE
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es that the death certificate by the ottending phy please remove carbona prival, cremation, ar removant, ar ander traumatic even	APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
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VISION C G PHYSIC of PHYSIC of Physic stee burio and Ment	OR CONTRIBUTING CAUSE OF BEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
Do . so E	276 I certify that (I) (this hospital) attended the deceased from 5/29/80, 19/80, to 5/30 19/80, that (I) (we) lost sow the deceased alive on 5/20/80, and that in (my) (our) opinion death accurred on the date and how and from the causes stated
the hosp the hosp aL DIREC etoched f the Dept o	obove, [l] (we) (did) (did not) view the body ofter death. 27b. SIGNATURE ATTENDING MEDICAL STAFF
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BP	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE HAVRE DE GRACE, HARFDRD CO, MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21D78 250 DATE REC'D. BY REGISTRAR' 25% REGISTRAR'S SIGNATURE ADDRESS JUN 03 1987

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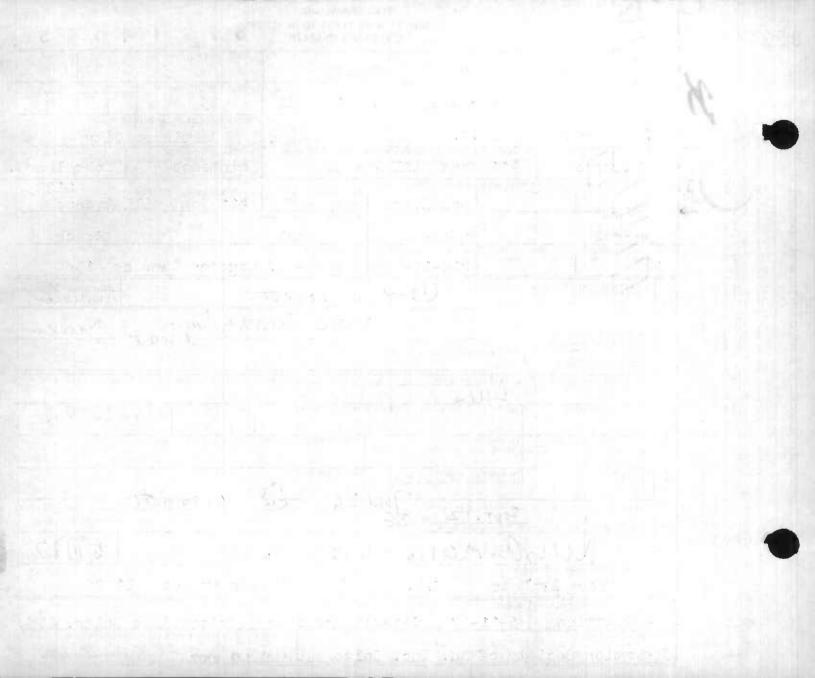
	FOR	DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE	
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ü	Md 1	Baltimo			Court 21225
e	14 FATHER'S NAME	Springg	s Laura	DEN NAME	Spivey
-	James			10000	
1		WAR OR DATES]	Shirley	ADDRES	Brightwood Avenue
	No	N/A	Sitriey	ME112 2203	
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7/	3 190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
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	ACTUAL SIGNATURE	My Mary	Deputy (Chiefical EXAMINER	DATE 5-26-87
OR.	Springer A	1/			
BALTIMORE, M	EXAMINER'S NAME Ann	M. Dixon, M.D.	ADDRESS 111	Penn St., Balt	co., MD 21201
¥ -					
a	23a. BURIAL, CREMATION, REMOVAL	236 DATE 23c NAME C	F CEMETERY OR CREMATORY	23d LOCATION	TYAYS VIUINO
cc)	236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		ion Cemetery	Baltimore	county state Md
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STATE OF MARYLAND



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MARYLAND ed within 24	13	John	Spellman	Louis	MEDDIE	Overton Notes
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short short	73a 1	BURIAL, CREMATION, REMOVAL		34 NAME OF CEMETERY OR CREMATORY	123d LOCATION	
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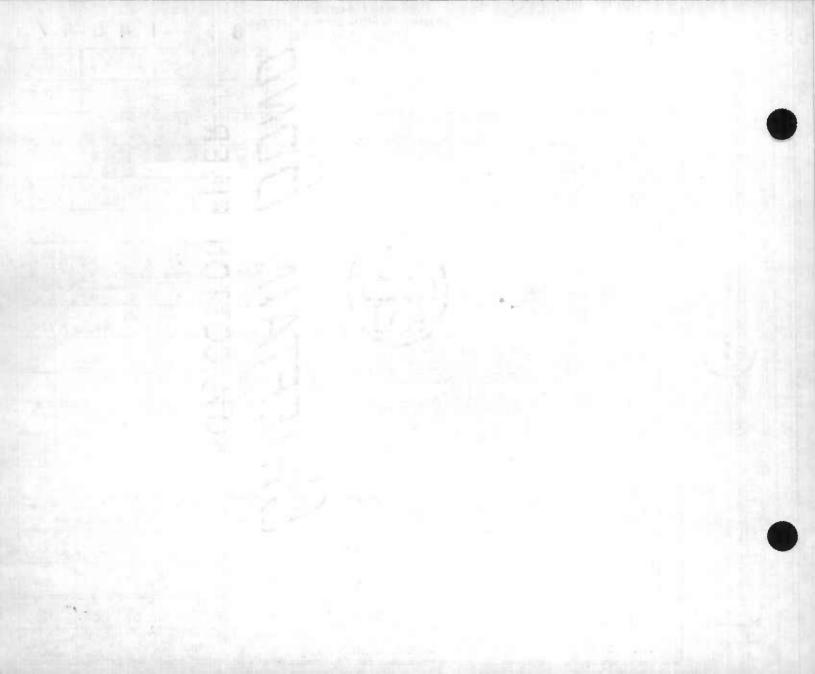
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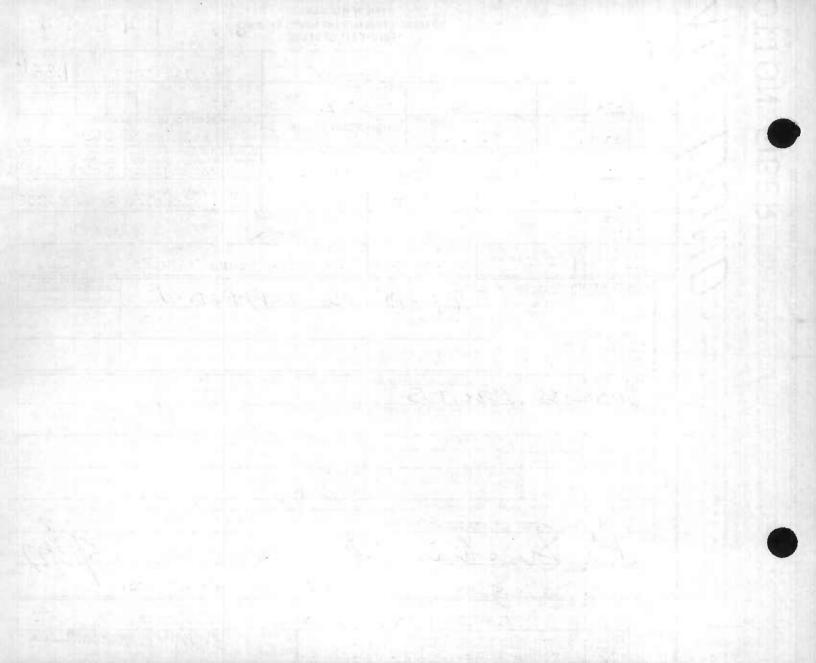


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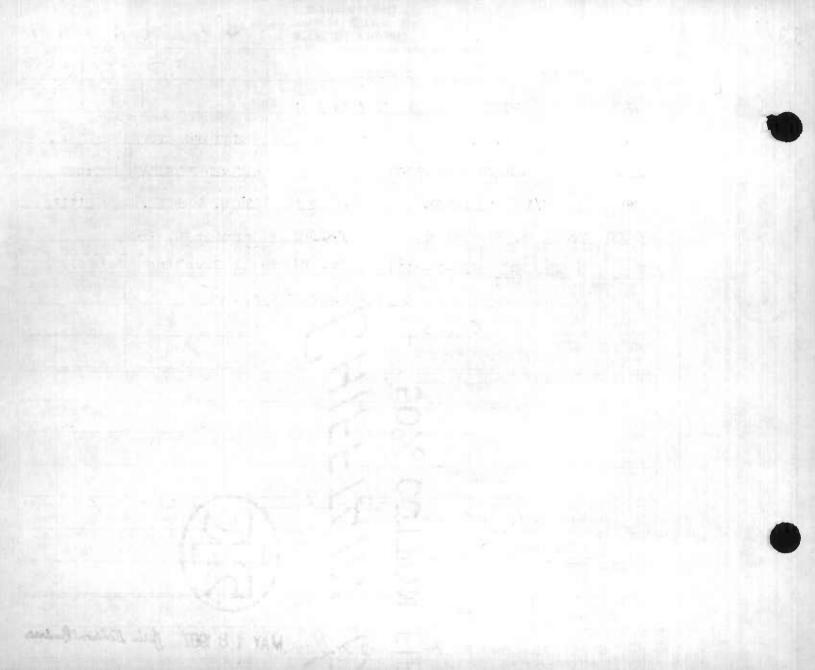
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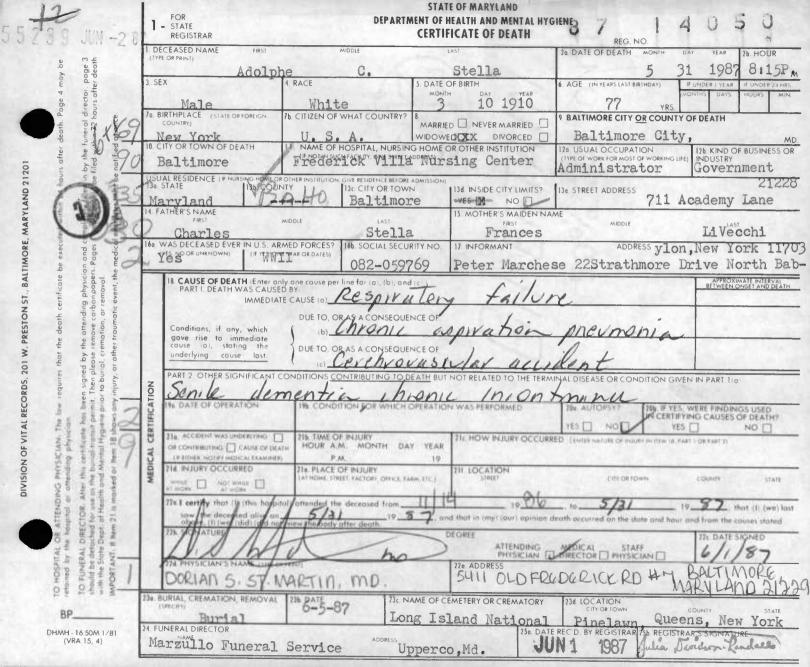
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(VRA 15, 4)	Wi	m.C. March F/H	West 4300 W	äbash Avenue	JUN	2 1987	1 . D	Loidson-K	indall





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2ª DATE OF DEATH MONTH DECEASED NAME FIRST 26 HOUR (TYPE OR PRINT) 11 01 0 -ERNEST STEBBINS D IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 5 DATE OF BIRTH 3 SEX MONTH DAY YEAR MALE 25 WHITE 01TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWEDK DIVORCED [IOWA BALTIMORE CITY 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ROLAND PARK PLACE BALTIMORE RETIRED PHYSICAN RETTRED USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDERITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13a STATE 136 COUNTY 13c. CITY OR TOWN BALTO. NO 830 W. 40th ST 21211 MD NIA 14 EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST UNKNOWN **NAK NOWN** Frank W. Harriet Stebbins Ross 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 2224 Lombard (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mr. Birdwell Stebbins Balto., NAKNOMA Md YES 220-30-3130 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only W.W. per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO PRESTON ST AS A CONSEQUENCE Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED à. IN CERTIFYING CAUSES OF DEATH? NO YES [NO IT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 LIF EITHER NOTIFY MEDIC AL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive on_ and that in (my) (our) opinion death occurred on the date and have and Irom the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 774 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the the 0 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL (SPECIFY) 5-1-87 Removal BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Balto., State Anatomy Board (VRA 15, 4)





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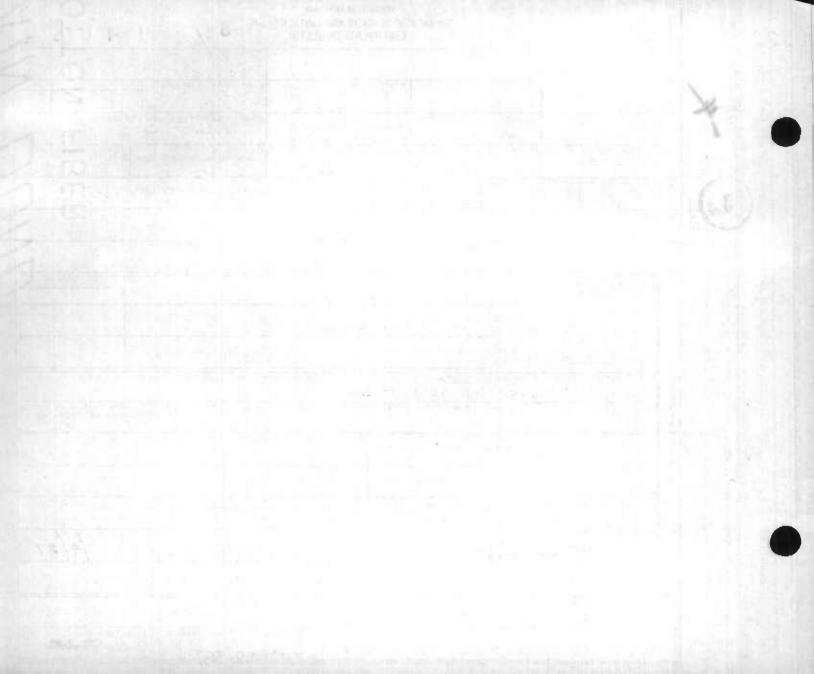


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1.	STATE REGISTRAR	DE		EALTH AND MENTAL HY	0 /	4052
	CEASED NAME FIRST	WIDDLE		AST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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3 SE	Х	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	male	black	6 MONT	15 94	92 YRS.	MONTHS: DATS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	INTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
	Md	USA	WIDOWE	- / (Baltimore Ci	<i>ty</i> MD.
10. C	Baltimore	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126 KIND OF BUSINESS OR
		Maryland	d General	Hospital	Retired .	
13a	AL RESIDENCE (IF NURSING HOME) STATE 136 COL			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	21215
2	Md '	Balt	imore	YES X NO		venue Apt 301 N
14 F/	ATHER'S NAME FIRST	MIDDLE	AST	15 MOTHER'S MAIDEN N	AME	LAST
)	Unknown			Julia		Coleman
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES O	GIVE WAR OR DATES)	AL SECURITY NO.	17. INFORMANT	ADDRESS	
	No	1176-0	13-9794	Flossie	Steward 2501 V	iolet Ave Apt 3
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per line for (a), SED BY:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDI	ATE CAUSE (0) PULMO	onary Hem	orrage		
	I SENTENCE TA	DUE TO, OR AS A CON				
	Conditions, if any, which gave rise to immediate	(b) Bllat	teral Pne	umonia		
	couse (o), stating the underlying couse lost	DUE TO, OR AS A CON	NSEQUENCE OF			
	DART 2 OTHER SICANE CAN	(5)	IC TO DE ATU BUT	NOT BELLYED TO THE YEA	MINAL DISEASE OR CONDITION GIV	(5) (1) (1)
NO	Diabetic Mel.		Insuffic		MINAL DISEASE OR CONDITION GIV	VEN IN PART TIO
ATIC	190 DATE OF OPERATION	196 CONDITION FOR		~	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
FIE					YES NOT YE	FYING CAUSES OF DEATH?
CERTIFICAT	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18 F	
	OR CONTRIBUTING CAUSE OF D		IH DAY YEAR	100		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
×	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY,	OFFICE, FARM, ETC.)	SINCE	Chroniowa	SIAIC
	220 I certify that & (this has	pital) ottended the deceased		22, 19_8	/	1987, that (i) (we) last
	saw the deceased olive of above, ((+) (we) (did) (did)	May 8,	19 <u>87</u> , or	nd that in (nk) (aur) apinio	n death occurred on the date and hou	ir and from the causes stated
	22b. SIGNATURE			DEGREE		22c DATE SIGNED
	D. D.	unafor.		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/9/87
	22d PHYSICIAN'S NAME (TYPE			22e ADDRESS		
	Delfin Bern	al, M.D.		C/O Ma	ryland General Ho	spital
	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY		COUNTY STATE
	Burlai	5/13/87	King	Mem Park	Randallstow	
	UNERAL DIRECTOR	/// 11+ 4200 AD	PRESS _ L A		ATE REC'D BY REGISTRAR 256. REGIST	
	Wm. C. March F.	/H West 4300 W	vapasn Av	enue M	AY 1 2 1007	THE COUNT HONDON

CTATE OF MARKING



1100 E. NORTH AVE

24 FUNERAL DIRECTOR

MARCH FUNERAL HOME

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR Item 8,15,17, Film G627 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

STATE OF MARYLAND

STATE OF MARYLAND

CERTIFICATE OF DEATH

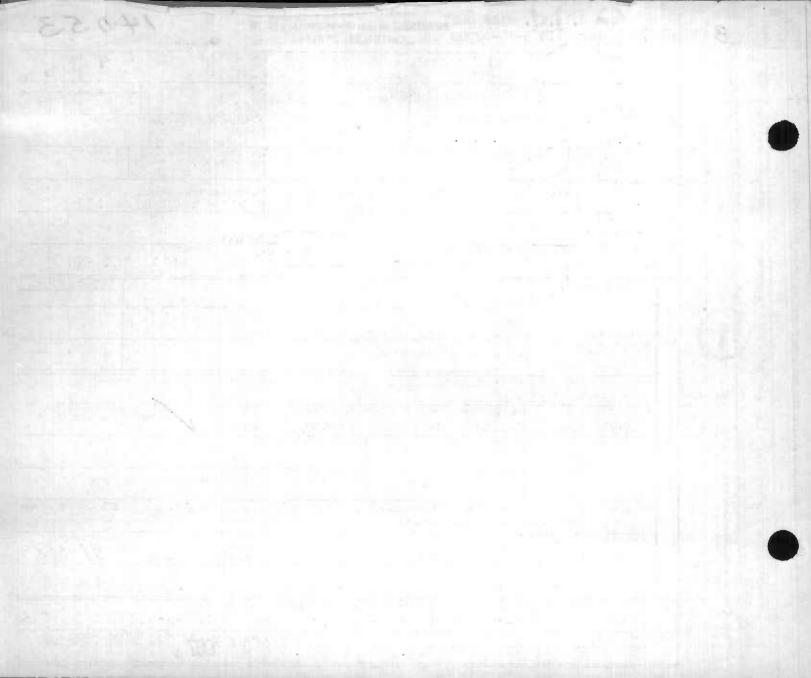
STATE OF MARYLAND

CERTIFICATE OF DEATH

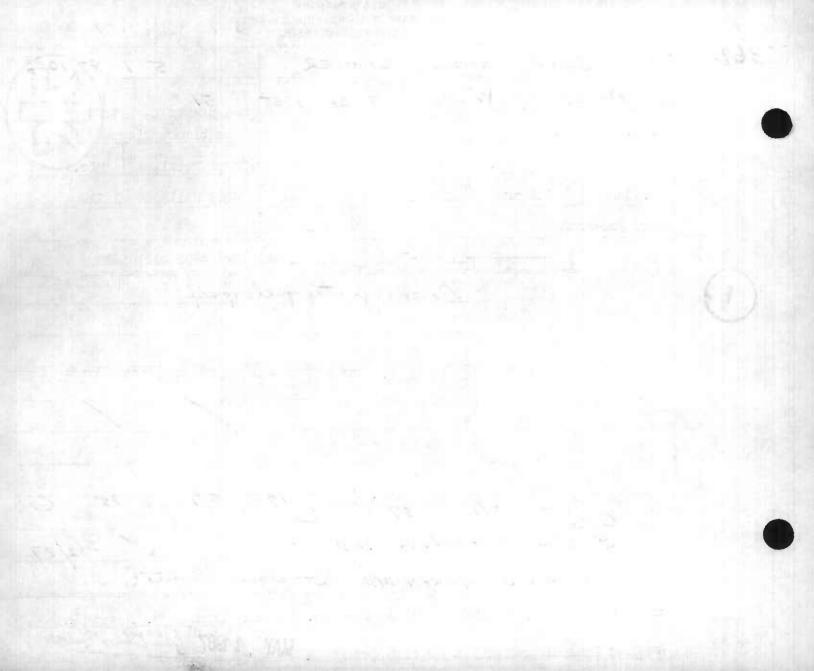
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100				STATE OF MARYLAND				
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24 hours		HURSING HOME OR OTHER INSTITUTED THE STATE OF THE STATE O	134 CITY OR TOWN	13d. INSIDE CITY LIMIT		PRESS , ZIP CODE	of citally	
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DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTO	Ruck, Inc.,	5305 Harford	Rd. 250	MAY 4	387 PAR 256 RECOISTR	DESCENA LE LOS	

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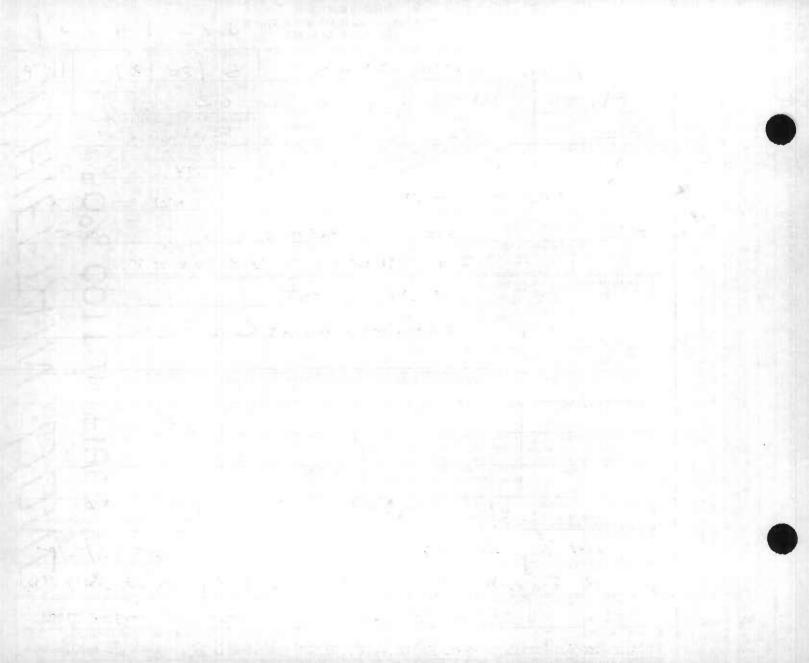
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M			Y OR TOWN OF DEATH BALTIMORE	THE JO	OSPITAL, NUR IFACILITY, GIVE SIR OHNS H	SING HOME O	ROTHER INSTITUTION HOSPITA	T I	To USUAL OCCUPATION OF POLICE O	OF WORKING LE	126 KIND C INDUSTRY Balto	· City
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AL OR A	detoched ate Dept. T: If Hem		22b. SIGNATURE	1 With	1	12	PHYSIC PHYSIC		MEDICAL STA		221 DATE	1/4/19
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5 € 5 ·	% 3 ≧	23a. Bl	DRIAL, CREMATION, REMOVA			NAME OF C	METERY OR CREMA		236 LOCATION			
BP		(5	Burial	5-16-8	7	Garden	s Of F ai	th	Balti	more,	Maryla	nd
BP DHMH - 16 (VRA 1		24 FU	Burial NERAL DIRECTOR Leonard J.		7		s Of F ai	th	Balti Y 1 5 1987	more,	Maryla:	nd STATE

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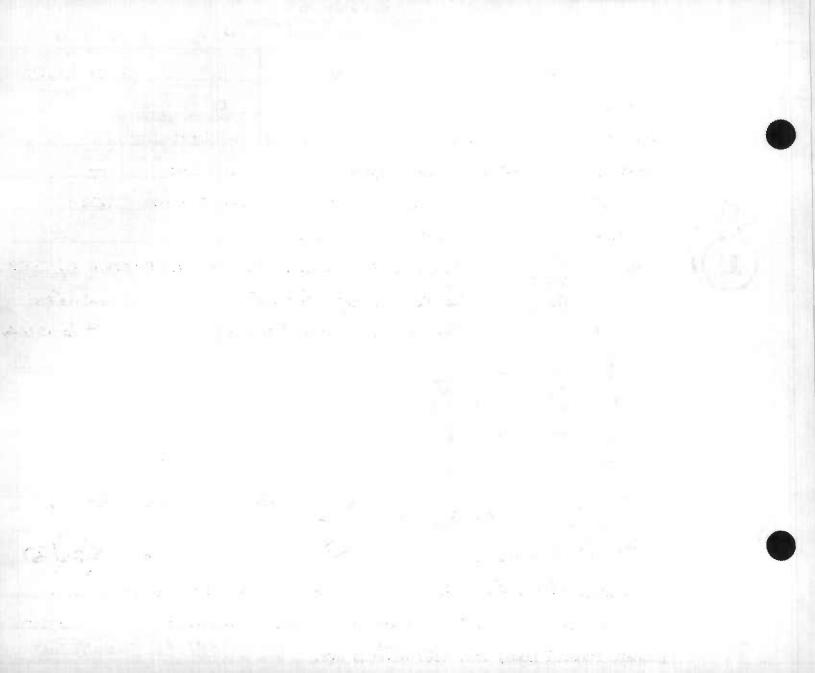
Walter Brooks Bradley, Inc. Balto., Md. 21222

(VRA 15, 4)

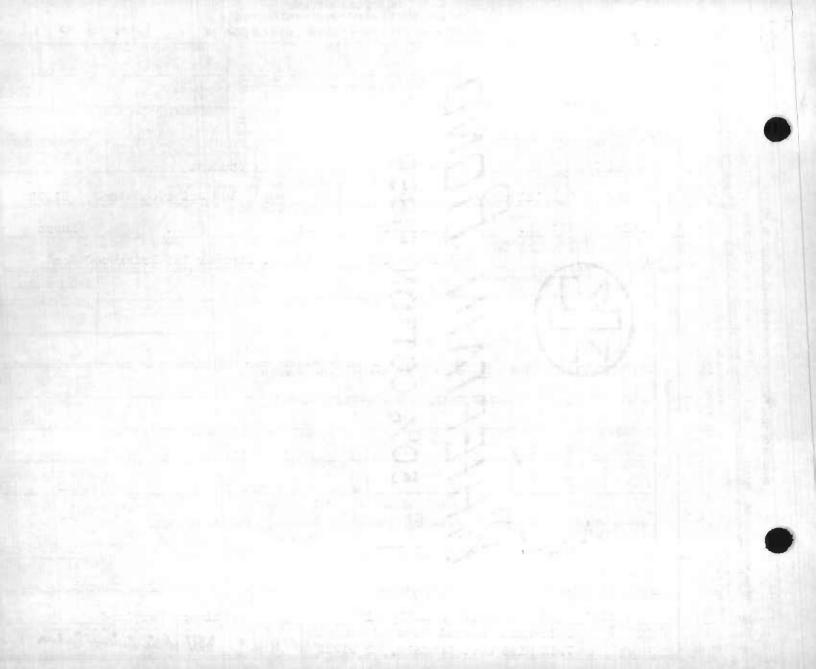
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you god	3 SE	X	CIMILUM	4 RACE	DOME	5. DATE C	OF BIRTH	-	AGE IN YEARS	AST BIRTHDAY)		INDER I YEAR	IF UNDER 24 HRS
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5 € 5 € 3 %	23a	BURIAL, CREMATIO		23b DATE		23c NAME OF C	EMETERY OR CREM		236 LOCATIO	N			
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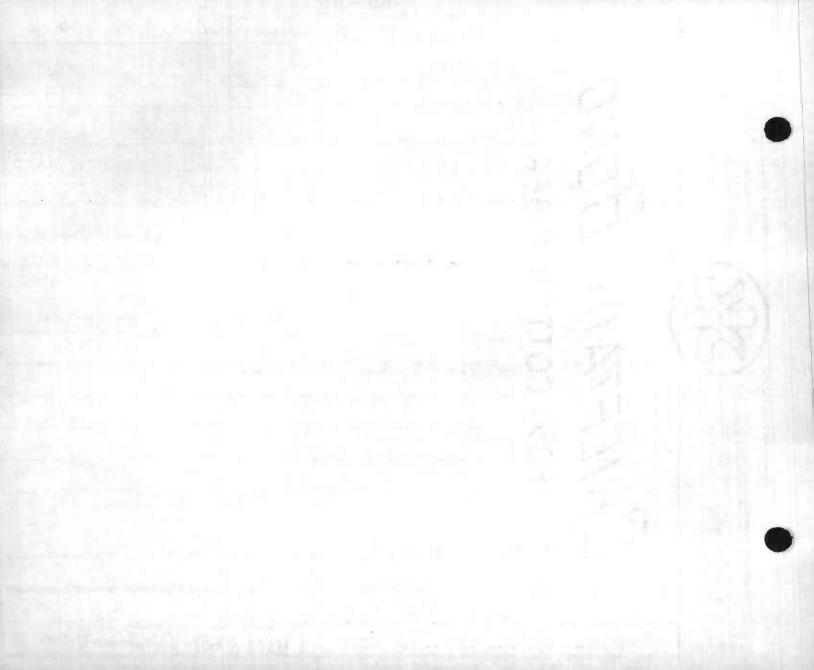


DEPARTMENT OF HEALTH AND MENTAL HYGIENE 055029 10 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH __ REGISTRAR DECEASED NAME 20 DATE KNOWN THE MONTH 26 HOUR (TYPE OR PRINT) ESTI-F. STURMER, JR. DEATH MATED 5 LOUIS 1987 4 RACE 5 DATE OF BIRTH A. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 24 HOUR YEAR LAST SIRTHDAY PRONOUNCED 7:42 PM DEAD Male White 6 28 15 YRS 1987 76. CITIZEN OF WHAT COUNTRY a BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY DIVORCED WIDOWED [Baltimore City Maryland USA D CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Kev Medical Center Baltimore Student ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA AL RESIDENCE OF INNUIT 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 109 Briarwood Road 21222 Maryland Baltimore YES Dundalk 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST F. M. Louis Sturmer Ann Russo 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS S. NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES 215-08-4397 Louis F. Sturmer 109 Briarwood Road 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19ª DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? SECUTE THE CERTHCATE, WRITING THE WORK
AGE 1 SHOULD BE FORWARDED TO THE CH
O LINERAL DIRECTOR: PAGE 3 SHOULD BE TO THE CH
FOR DEATH WITH THE STATE DEPARTMENT YES TO NO 710 EXTERNAL CAUSE WAS 216, TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING COR CONTRIBUTING CAUSE OF DEATH 1:48 5-25-Pedestrian struck by van. 714 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21L LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK Baltimore road MD North Point Rd. so. of Charlesmont Ro. 22a I certify that I took charge of the remains described above, held on and in my opinion Inquiry Accident XX Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL Chief MEDICAL EXAMINER 5-26-87 Deputy DATE SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS111 Penn St., Balto., MD (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 5-28-87 Holly Hill Baltimore Maryland 07/84 24. FUNERAL DIRECTOR 25a. D'ATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Duda-Ruck Euneral Home of Dundalk **DHMH** - 17 Autia Divider Penders (VR A15 ME (5)) 7922 Wise Ave. Dundalk, MD 21222

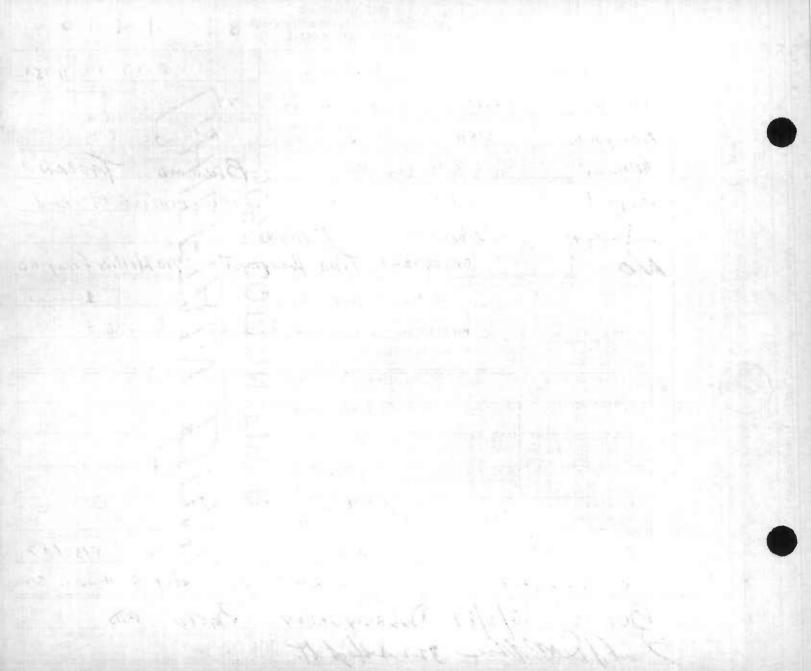


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-5 Terry IRWIN Sugarman 19 87 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 4 RACE DATE OF BIRTH 2d HOUR 2c DATE LAST BIRTHDAY) PRONOUNCED 5:151 NOV. 23, 1955 DEAD 19 87 MALE WHITE 31 YRS Th CITIZEN OF WHAT COUNTRY? A RIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) MARYLAND USA WIDOWED ... DIVORCED Baltimore City, 120 USUAL OCCUPATION (179E OF WORK 126 KIND OF BUSINESS OR INDUSTRY SYS. LICITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Johns Hopkins Hospital SECURITY ALARMS Baltimore OWNER AL RESIDENCE UP IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI #21117 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS COUNTY MARYLAND BALTIMORE OWINGS MILLS NO [127 WILLOW BEND DR., APT. 2A ATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST LAST ALLEN SUGARMAN WEISSMAN SALLY 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 4-68-1862 ALLEN SUGARMAN 7022 SURREY DR. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AME MONTH DAY YEAR 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR Motorcyclist in collision with auto CONTRIBUTING CAUSE OF DEATH 4: 23P.M. 5 8 10 87 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION Balto County COUNTY MD STREET, FACTORY, FARM, ETC 1 WHILE AT WORK AT WORK Greenspring Valley Rd & Craddocks Lane road DECUTE THE CO. PAGE 4 STORY OF THE STORY OF Autapsy X 22a I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my opinion Accident X Natural causes Homicide ___ Undetermined manner Suicide L TITLE (SPECIFY) Assistant MEDICAL EXAMINER 5/9/87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.MD 23a BURIAL, CREMATION, REMOVAL 23b DATE CHOFETZ CECHATIM CREMATORY 23d LOCATION COUNTY BURIAL 5-10-87 (ADAS RNAI ISRAEL)

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 07/84 ROSEDALE MD 25M Sa. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** 6010 REISTERSTOWN RD., BALTO., MD 21215 Sulia Dividson Randale (VR A15 ME (5))



	1			STATE OF MARYLAND		
		FOR - STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE Q 7	14063
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
5 5 8 9 7 JUN	9 10	DECEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR 26 HOUR
\$ 50 th	(TYPE OR PRINT! Ruth		Sullivan	S	- 29 17 1
noy be	3	SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS EAST BIRTHD	- / 1/ · > 3 / M
offe 4			white	MONTH DAY YEAR	74	MONTHS DAYS HOURS MIN.
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The state of the s	1510	CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION	VORKING LIFT
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how how	7 13	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY 13c. CITY OR TO		130.STREET ADDRESS / Z	IP CODE 2123
AND 24		Maryland -	2 11	MOVE YES X NO [2910 Hol	
tely 2 sh	14	FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
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W 1 cross of the		underlying couse lost.	(c)			
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N S S S S S S S S S S S S S S S S S S S	20		pital) attended the deceased from	6.5		, 19, that (I) (we) lost
Spite CTO for of 1		sow the deceased alive a above, (1) (we) (did) (did r	on 5/30 19.	, and that in (my) (our) opinion	death occurred on the date	and hour and from the causes stated
DR han han hen hen		226 SIGNATURE	-1	DEGREE		22c. DATE SIGNED
AL D AL D TE HE D		B. Punert		MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	NX 5/30/87
HOSPITAL ined by t FUNERAL vild be det onld be det ORTANT:	T	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		7.0
	V	8. Pime.	stel .	So. Balt. Gen	11asp 300	1 S. Hanover Str.
sho sho	73	BURIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	123d JOCATION	
DD.	100	Bu a int	1/2/12	THE OF CEMETERY OR CREMATORY	OF TOWN	A DUNTY STATE
BP	177	PO ICIAC	10/1/21	DULHNOYUALLEY	1400	P / L)
DHMH - 16 60M 7/8	84	- () ()	ADDRESS	0 1/ 1 1/30 DA	IE REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNATURE
(VRA 15, 4)	4	mes Nell	More 32	2 sted Hi	JN 04 198/	Comment of the Pork
		V				



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DISATH REGISTRAR DECEASED NAME FIRST M HOUR KNOWN TYPE OR PRINT) OF -UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED ANNETTE 19 87 D. SURDEL 4 RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE AND 3 TO THE FUNERAL DIRECT RETAIN PAGE 5, FOR YOUR HOULD BEFLIED, MITHIN 72 HORECORDS, 201 W. PRESTONI STREET MONTH LAST BIRTHDAY) PRONOUNCED '41 Female. 6 30 45 DEAD 1987 Cauc. YRS Ta SIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City U.S.A. Maryland DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore Anglesea Street Homemaker USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1410 Anglesea St. 21224 Baltimore Maryland NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Walter Agnes Malinoska Ptaszvnski 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT DIVISION 219-38-4371 Joseph M. Surdel - 1410 Anglesea St. 21224 No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2-11.00.78.
EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDIOR", IN PENCIL IN ITEM 18.
EXECUTE THE CERTIFICATE, WRITING THE WEDICAL EXAMINER ALONG W
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT.
AFTER DEATH, WITH THE STATE DEPARTIMENT OF HEATH AND MENTAL HYGIENE, D
BALTHMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION Chronic bleeding peptic ulcer
196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 20 AUTOPSY? YES & NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2 Ic. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC 1 CITY OF TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held on and in my opinion Notural couses X Accident Homicide Undetermined monner death resulted from: TITLE (SPECIFY Deputy Chief ACTUAL 5-23-87 DATE SIGNATURE SIGNED EXAMINER'S Ann M. Dixon, M.D. 111 Penn St., Balto., 21201 (TYPE OR PRINT) 230. 8URIAL, CREMATION, REMOVAL 236 DATE 234 LOCATION Burial 5-27-87 Crownsville Veterans Anne Arundel Md. 07/84 25M 250. DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Julia Devideon Rendale **DHMH - 17** Walter Dabrowski - 1005 Dundalk Avenue 21224 (VR A15 ME (5))

141 45 remaie Cauc. 6 30 U.S.A. Maryland

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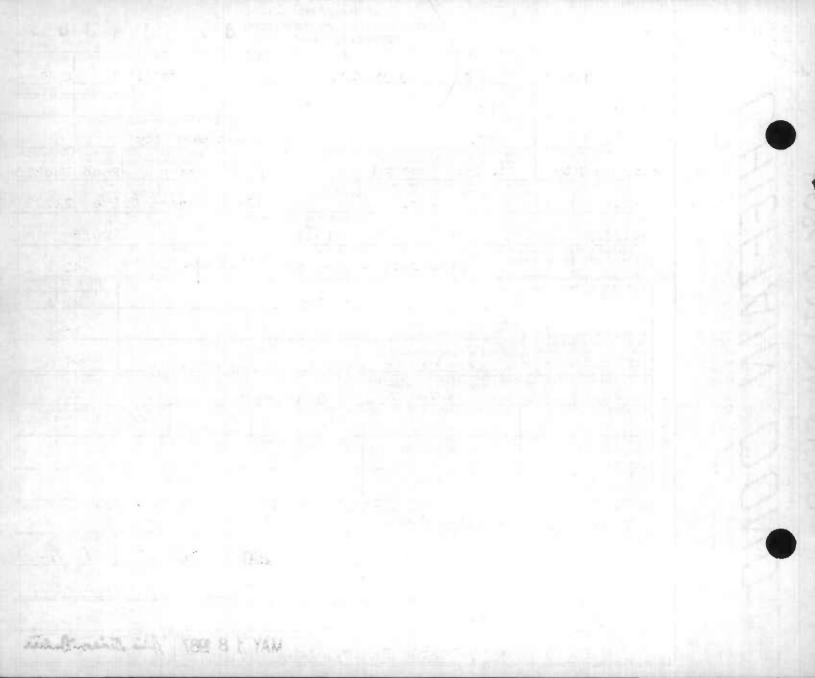
Homemaker

1410 Anglesea St. 21224 Baltimore Maryland

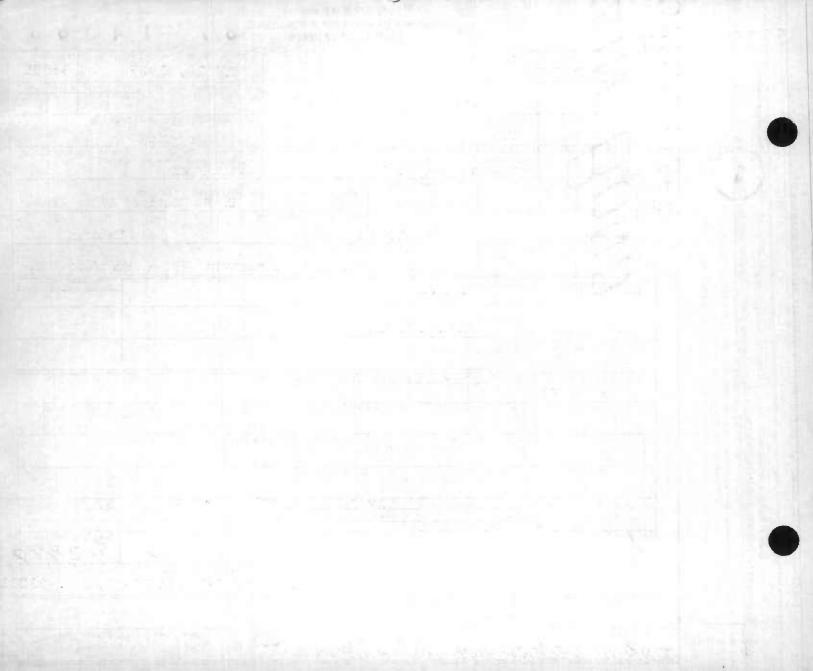
Malinoska Agnes Ptaszynski Walter

219-38-4371 Joseph M. Surdel - 1410 Anglesea St. 21224

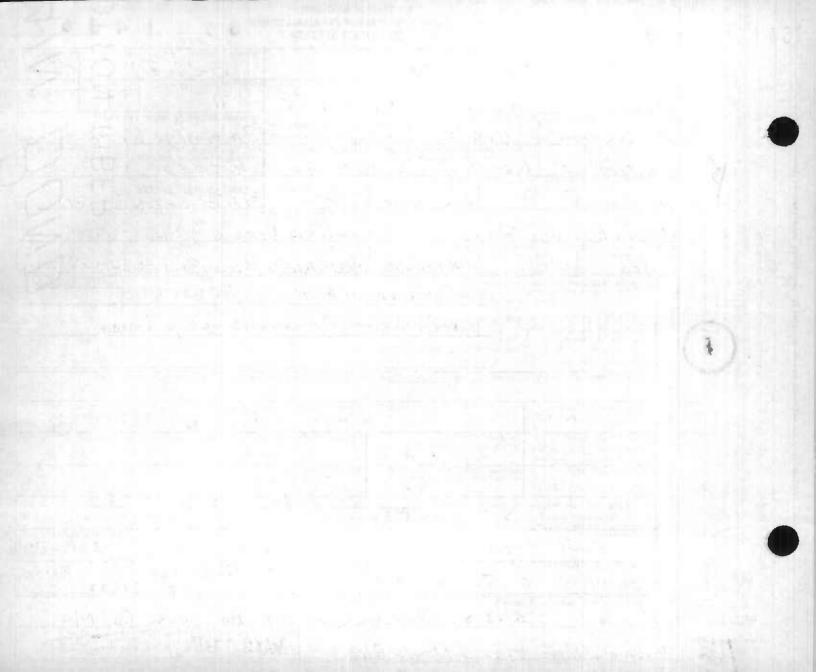
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	th certificate be nding physician corbonoopers.	rent, the r		18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hu DO UD LEMIC HEAD ORRHADIC SHOCK											INTERVAL I AND DEATH	
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DIVISION OF VITAL RECORDS, 201 W	equires to signed. Then plear to burio	injury, o	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To SICK SIMULATION SOURCE SOPRISHED TO AUTOPSY? Tob. IF YES, WERE FINDINGS USED												
AL RECO	he low re ion. hos beer t permit.	shows ony	CERTIFICATION	19a DATE OF OPERATION	N	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTO	NO	IN CERTI	S, WERE FIL FYING CAU	ISES OF D	USED DEATH?
OF VII	IYSICIAN: The Indiang physicion.	Item 18 sh		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH		FINJURY .M. MONT .M.	TH DAY	YEAR 19	21c. HOW INJURY OCCUI	RRED (ENTERNA	ATURE OF INJUR	Y IN ITEM 18	PART I OR PAR	2)	
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۵	TTENDIN or or or TOR: Aft for use o	21 is mo		22a I certify that (It (the sow the deceased of the source (It was (did))	olive on	1	/10	19 6	4/ -, and	I that in (my) (par) opinion	to death accurre	ed on the do	ite and hou	19 <u> </u>		(I) (we) lost es stoted
	by the hosper per per per per per per per per per	ANT: If Item		obove, (Jame) (did) (did not) view the body after death. 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH									17			
	TO HOSPITAL retorned by th TO FUNERAL should be deto with the State	MPORTANT		STEVEN H		PEARLY	ion			ST. AGNO	HOS117		900 0	1. CAP	w Au	K= .
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	DHMH - 16 60M (VRA 15, 4		24 FU	JNERAL DIRECTOR NAME Sta	te A	natom	y Boa	oress	Bal	to., Md.	AY 18	1987	gula Julia	TRAP'S SIG	NATUR	Lies



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5287 JUN	-3	FOR STATE REGISTRAR		DEPARTA		CATE OF D		0 /	G. NO.	40	6 6
		CEASED NAME FIRST (Casimiro"	DIE	t.	(Svaba	uskas)	20. DATE OF DEA		DAY , YEAR	2b. HOUR
may be page 3 er death		CASIM	IR			BOWSKI		MAY 2	8, 198	37	3:551
	3. SE	X	4 RACE		5. DATE C		METE	6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR
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	_	MCI .		Baltimo	ce	YES X	MAIDEN NA		Montic	ord Ave.	21224
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D 0		VAS DECEASED EVER IN U.S. AR		SOCIAL SECU		17. INFORMA		A	DDRESS		
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ding physic or tempole or removal		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)	D BY: TE CAUSE (a)	TROKE						BETWEEN	MATE INTERVAL ONSET AND DEAT
he deor		Conditions, if ony, which gave rise to immediate cause (a), stating the	187	A.S.C							
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ol or ol or use of Heolifi	-	220.1 certify that (I) (this haspi	tal) attended the d	eceased from_	MAY 87	16	, 198		28		that (I) (we) I
R ATTI haspit RECTC ned for ppt. of tem 23		abave, (1) (we) (did) (did na	t) view the body aft	er death.	; an		(aur) apinion (death occurred an t	he date and ha	aur and from the	causes stated
6 0 mm m		226 SIGNATURE A. FO. Novemb MR DEGREE ATTENDING MEDICAL STAFF 5/28/8									
HOSP Puned FUN Sould b		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)					CH HOSPI ROADWAY			
BP	23a E	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 61-87	23¢ N St	AME OF CE	METERY OR C	REMATORY Cem.	Bally Co.		COUNTY	Ad. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	INERAL DIRECTOR NAME M. WEB	ERY 501	15 INC	401	SIESTER	250 DAI	PRC 2 BY REGIST	RAR 255 REGJ	STRAR'S STONAT	JRE Took



	1		STATE OF MARYLAND	
151 KAY		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 7 1 4 0 6 /
The state of the s		CEASED NAME FIRST	MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
d die	3	RAYMO	ND TABBS	5-12-87 8 PM
1	3. SE	(4 RACE 5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
10 01	1	MALE	NEGRO JULY 8 1895	91 YRS.
43 400	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED - NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
125	A	PRYLAND	U.S.A WIDOWED DIVORCED	BALTIMORE CITY MD.
1 62	10 C		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
1460	K	ALTIMURE	KEY CIRCLE NURS, HOME	RETIRED.
5 3 / E P		AL RESIDENCE (IF NURSING HOME OR OTTATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TY 13C CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE
	1 /	9RYLAND	BALTIMORE YES NO	3121 BRIGHTON ST 21216
E .	14. FA	THER'S NAME	15. MOTHER'S MAIDEN NA	
1100	1/1	MES EDWARD	LAURA V	LIBBINIA SHORT 53121
0 0	16a. V		MED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
DO B		FS (IF YES, GIVE	218 108855 Mas MARIEM	1. BROWN 3121 BRIGHTON STZIZIL
# 10 Person		18 CAUSE OF DEATH (Enter onl	y one cause per line for (o), (b), and (c)	APPROXIMATE INTERVAL
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THE)		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
No. 5 /		underlying cause last.	(c)	
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	S	(IF EITHER NOTIFY MEDICAL EXAMINER)		V-A·
100	MED	214 INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
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4 20 2			ol) ottended the deceosed fram	
350	15	sow the deceased alive on obave, (1) (we) (did) (did not) view the bady ofter death.	death occurred on the date and haur and from the causes stated
# 4 5 #		22b. SIGNATURE	1 DEGREE	22c. DATE SIGNED
449.4		Surge 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 5-14-87
FUNERAL old be des tithe Stote		224. PHYSICIAN'S NAME (TYPE OR	PRINT) 27e ADDRESS	SARATOGA CT. BALTIME
APORTA		SURTIT	S JULKA M.D. 107 E	MD 21202 ISAL 11MIN
2433	23a. E	URIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION
	-	BURIAL	5-18-87 GARRISON FUREST V. A	BALTIMORG CO. MO STATE
H - 16 60M 7/84	24. FI	INERAL DIRECTOR		TE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE
'RA 15, 4)	1/		2322WINDRYHAUR MA	AY 2 0 1987 Julia Bendon-Radina 1
			and a state of the	



1 1 1111 0		CEASED NAME FIRST	MIDDLE	(AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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hou din		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
or no 72	,	MD	USA	WIDOWE		Baltimo.	re City	W
and he fa	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION 126, KIND C	OF BUSINESS OF
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r pe i		AL RESIDENCE (IF NURSING HOME OF		BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	1,201
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ws ou	CERTIFICATION	IN DATE OF OPERATION	176. CONDITION FOR W	HICH OFERATIO	IN WAS PERFORMED	- A-	IN CERTIFYING CAUSES	S OF DEATH?
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		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH			((()))		
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21 is			5/13 of) view the body ofter death.	11 100	nd that in (ny) (our) opinion	death occurred on the d	ate and hour and from the	
hed the		226. SIGNATURE	ot) view the body offer deoth.	3000	DEGREE			ESIGNED
te Doct		Datuck &	. O Daniel	1	ATTENDING PHYSICIAN [MEDICAL STA	FF S/I	3/87
old be dere	1	22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS	_ DIRECTOR _ THIRK		
should be de with the Store		Patrick G.	O'Daniel, M.D.		The Union M	emorial Hos	pital	
₹ ₹	23a. E	URIAL, CREMATION, REMOVA	L 23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
44	E	Specurial	5/21/87	Garr	ison Forest	Owings	Mills, Md	STATE
6 60M 7/84	_	INERAL DIRECTOP			25a. DA	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	TURE
15, 4)	1		E/U 1101 E	Month	Ava	AY 2 0 1987	- Duridson	· Kandall

March F/H 1101 E. North Ave

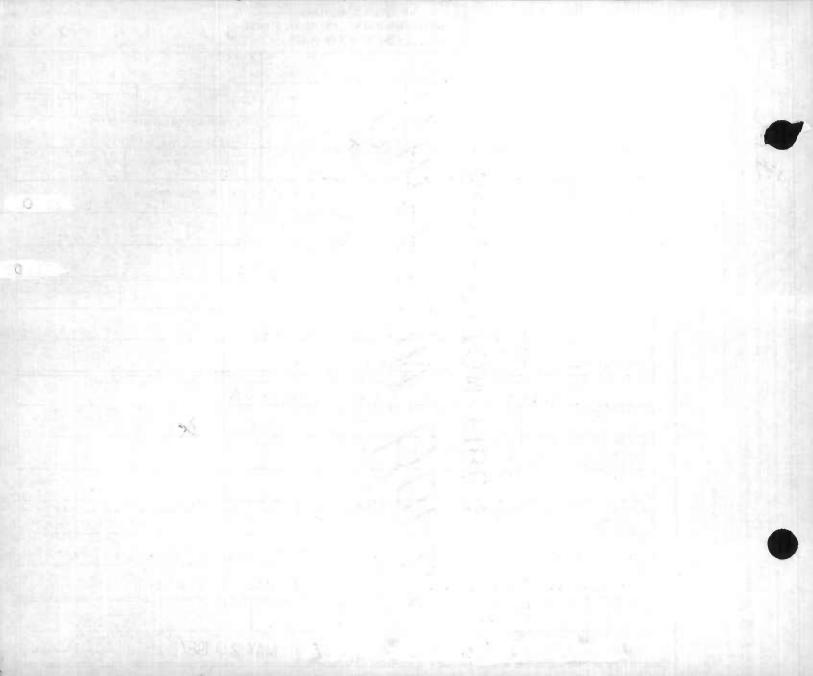
FOR STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

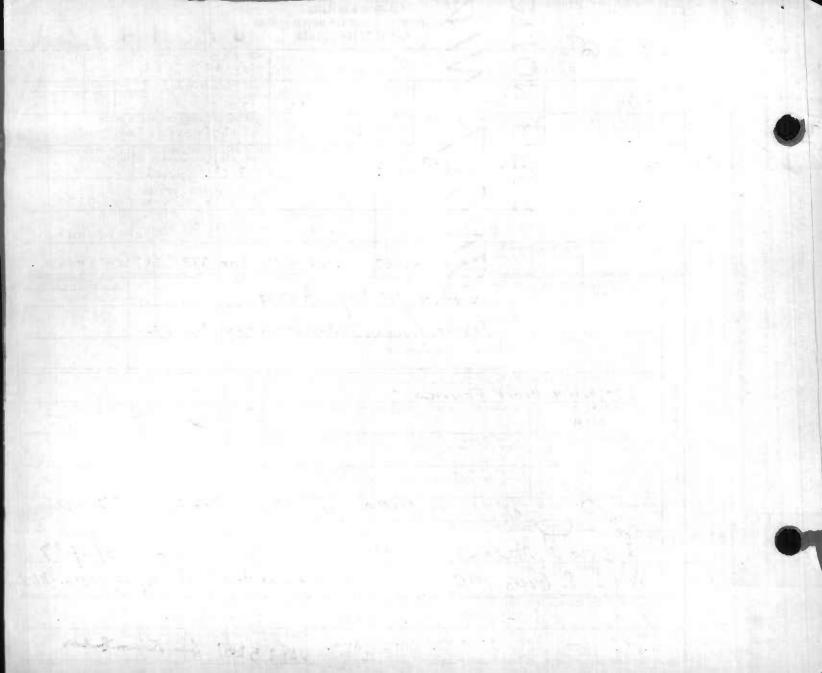
CERTIFICATE OF DEATH

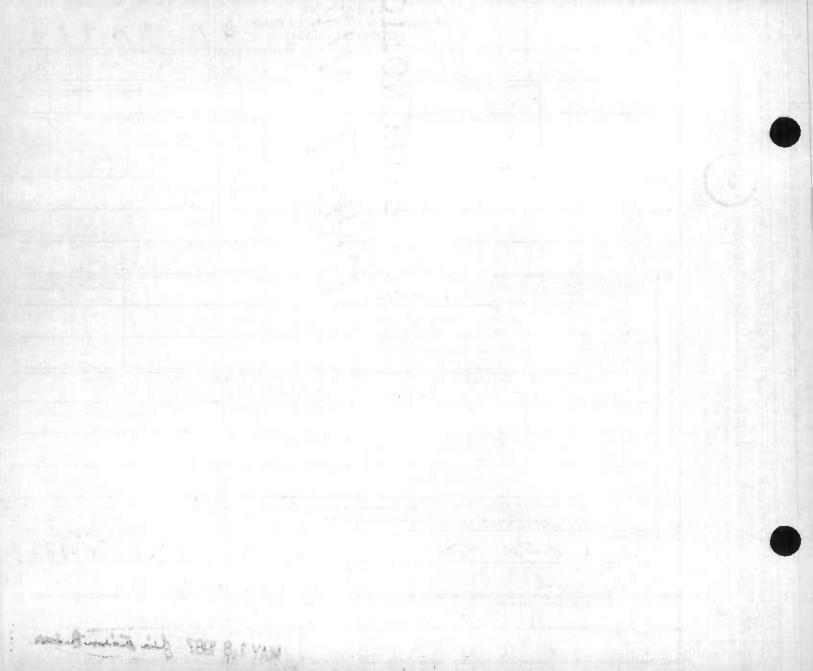
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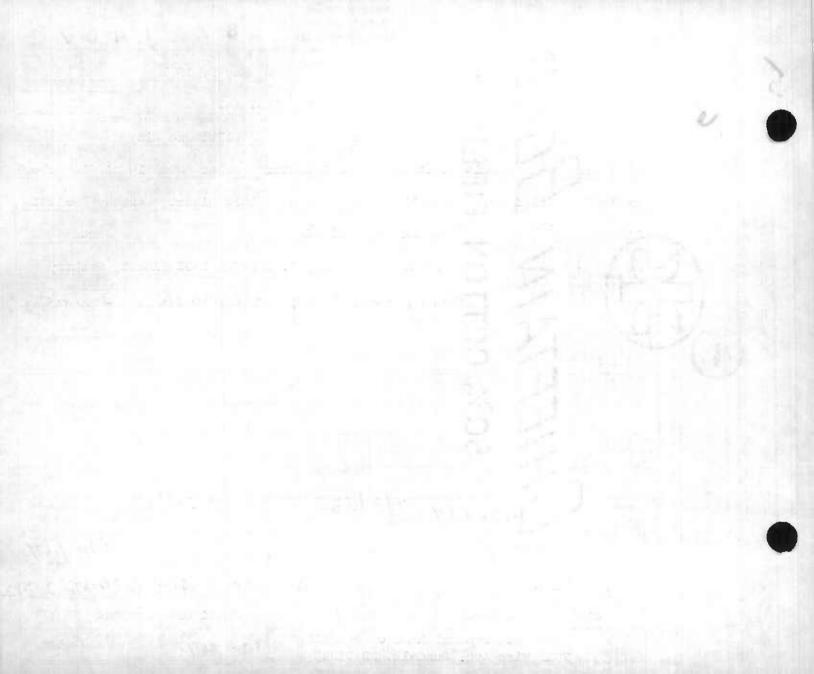


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54828 JUN-1		FOR FILM 643 9/23/88fj DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 REG. NO. 1 4 0 6)
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X (I)	D	DAVID WINTON MONIGER PAMELA TAYLOR	
o dico		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 301 5 HANDV	C X 31
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DF VII		210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18 PART 1 OR PART 2)	
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TO HOSPITAL retorned by il TO FUNERAL should be det with the Store		JEANETTE MEDANIEL MD 3001 S. HANOVER ST BALTIMOR	e
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BP	24 E	Removal 5-21-87	
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NO. II NO. INC.		State Anatomy Board Balto., Md. 1907 Julia Dender Randall	

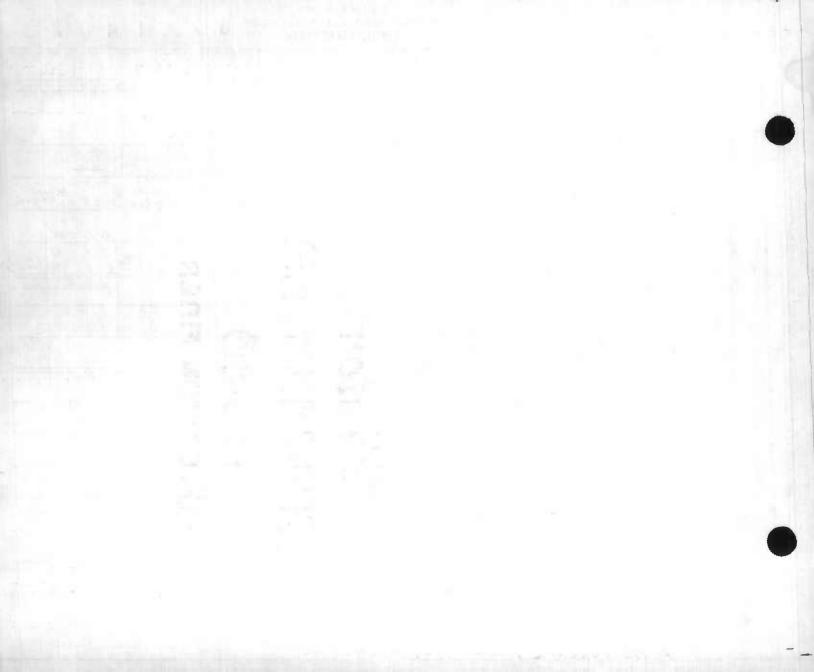
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH 1. DECEASED NAME DAY 26 HOUR (TYPE OR PRINT) Taylor May 11, 1987 Raymond 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR Male Black 9 14 9 BALTIMORE CITY OR COUNTY OF DEATH TO. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Baltimore City USA VA. WIDOWEDY DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR UF NOT IN SUCH FACILITY GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Cummings Ct Beth. Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Md. 136 COUNTY 13e STREET ADDRESS / ZIP CODE Baltimore 419 Cummings Ct. 21201 IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William Taylor Nettie Richardson 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Dorothy Taylor 3736 Ellerslie Ave. 220-09-4967 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: ardivires Allatura Obstractive Lung Discare Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Heart 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP entol Hygie 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE AT WORK NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from March saw the deceased alive an fill'11
obave (1) (we) (did) (did not) liew the body after death (our) opinion death occurred on the date and hour and from the causes stated and that in my DEGREE 22c DATE SIGNED MEDICAL should be detowith the Stote [ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22 S. Greene St, Univ Merzland Huighel, Baltmer MD 200 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) Baltimore Md .STATE 5-16-87 Mt. Auburn Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 lia Swidson. Rondras Wm. March F/H 1101 AERESS North Ave. (VRA 15, 4)







DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) WALTER TAYLOR MAY 27, 1987 6:25AM JR. 6. AGE TIN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX NEGRO 9. BALTIMORE CITY OR COUNTY OF DEATH ESTATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED [17h KIND OF BUSINESS OR INDUSTRY 130 STATE 131 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP_CODE AITU 15 MOTHER'S MAIDEN NAME MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 1a), (b), and ic-PART I DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HYPOTENSION Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost BRAIN DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART PNEUMONIA HEMATOMA, SEIZURE, HYPERTENSION, ALCOHOL ABUSE, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOK NO [71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE MAY 220.1 certify that (1) hospitall altended the deceased from 87, and that in (my) four opinion death accurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 17c DATE SIGNED MEDICAL DIRECTOR PHYSICIAN MPORTANT 77e ADDRESSCHURCH HOSPITAL CORPORATION 774 PHYSICIAN'S NAME (TYPE OF PRINT) CAROL S. RAMSEY M.D. 100 N. BROADWAY BALTIMORE, MD. 21231 234 BURIAL CREMATION, REMOVAL 73c DHAME OF CEMETERY OR CREMATORY COUNTY DHMH - 16 60M 7/84 1129 N. CAROLINE (VRA 15, 4)



FOR

- STATE

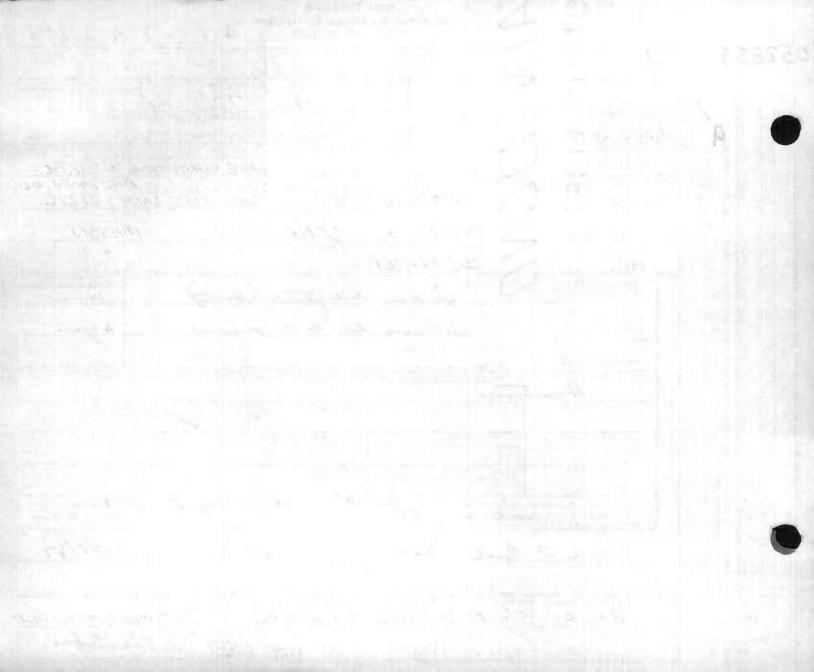
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STATE OF MARYLAND

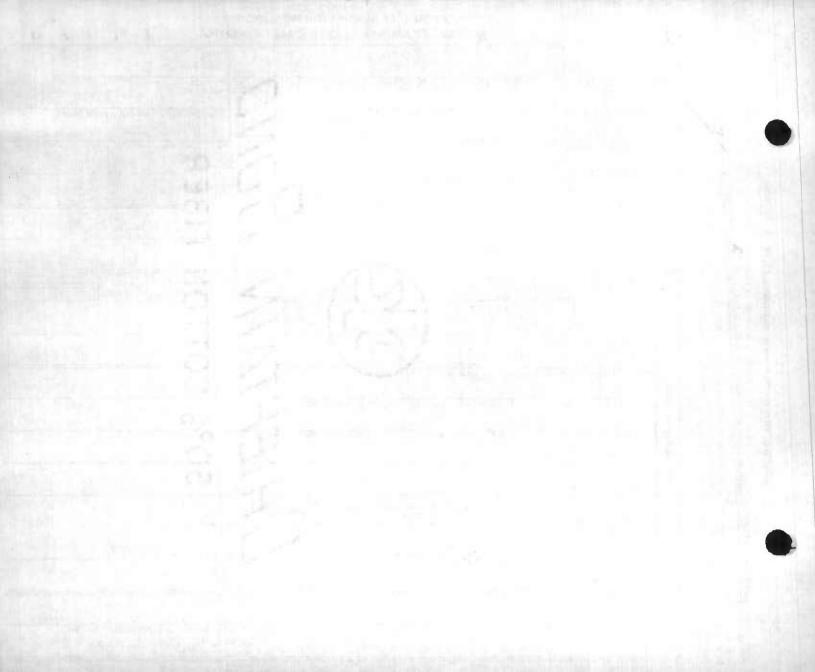
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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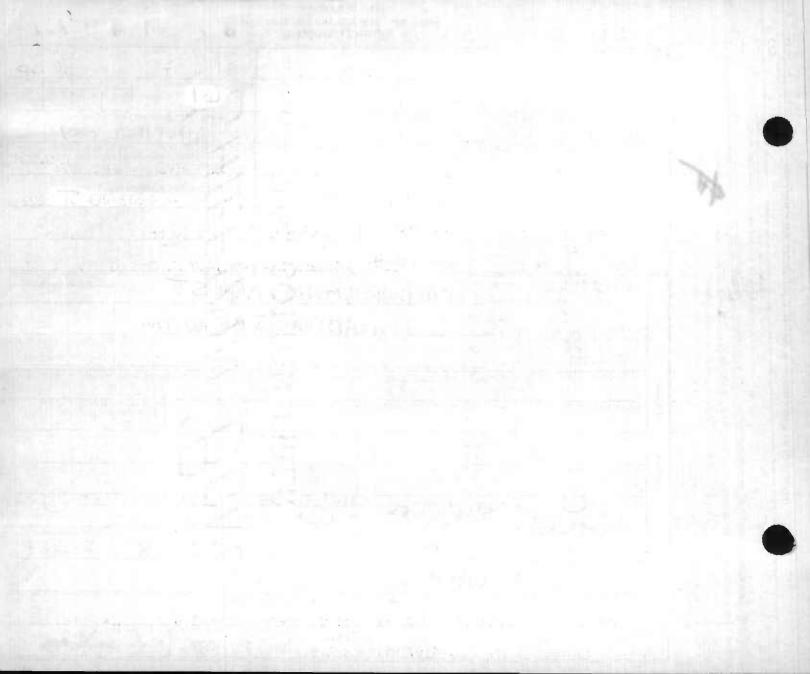
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mo).	3 SE	x	4 RACE		5. DATE OF BIRT	H DAY YEAR	6. AGE IN YEARS LAST	SIRTHOAY)	MONIHS DAYS	IF UNDER 24 HRS
ector /		MALE		BLACK	6 5	1914	72	YRS.	MONTHS DATS	MIN.
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		ATHER'S NAME				OTHER'S MAIDEN N	AME	10 011	00,0	
34		CHARLES	WIDOLE	THOMAS	SR.	FONA	MDDIE		MASOI	^/
0 7		VAS DECEASED EVER IN U.S.		S? 166 SOCIAL SECL		FORMANT MR.	ADD		RYLAND 2	
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mit. prior	CERTIFICATION	198 DATE OF OPERATION	19b CC	NDITION FOR WHICH	OPERATION WA	PERFORMED	200 AUTOPSY?		S, WERE FINDI	
hos ene	T.F.						YES NOW		FYING CAUSES	NO [
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s the and ked	Z	WHILE NOT WHILE AT WORK	(AT HOM	E STREET, FACTORY, OFFICE,	FARM, ETC)	SIREET	CIII OR	JOWIN	COUNT	STATE
a olth		220.1 certify that (1) (this h	ospital) attende	d the deceased from_	Day 8	19.23	to man	5	1987	, that (I) (we) last
TOR of He		sow the deceased alive above, (I) (we) (did) (did	on april	- 6 19 8	ond that	in (my) (our) opinion	death occurred on the	date and hou		
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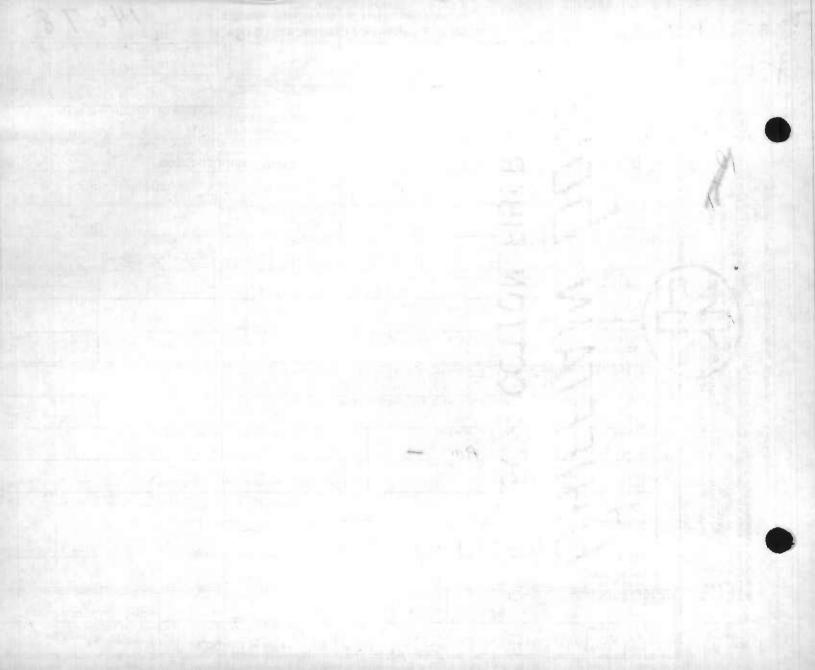
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME M HOUR 20 DATE KNOWN IX MONTH (TYPE OR PRINT) OF ESTI-NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. THIN 72 HOURS Thomas 19 87 Charlie 5 DEATH MATED SEX 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR TIE LINDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 10 87 Male Black DEAD 12 29 16 BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City USA WIDOWED DIVORCED M CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE)
Laborer Beth Steel Bon Secour Hospital Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 2908 Ellicott Dr. 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Balto. Md. YESY NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Viola Williams Lawrence Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWN Hattie Harris 2901 Wayne Ave. DIVISI 239-28-5680 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? E CHIEF BE USED YES | NEXX 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CLESS PAGE A SHOULD BE FORWARD PAGE A SHOULD BE FORWARD TO FUNKALD INTERIORS. PAGE AFTER DEATH WITH THE STATE BALTIMORE, MARYLAND, 2120 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chief DATE 5-20-87 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., MD 21201 lann M. Dixon, M.D. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 5/23/87 Woodlawn Cem. Baltimore, Md. dalla 07/84 25M 24. FUNERAL DIRECTOR 250. DATE RECO. BY REGISTRAR'S SIGNATURE **DHMH - 17** Will C March F/H West 4300 Wabash Ave. (VR A15 ME (5))



0.7.1.		1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 / 1 4	1077
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_ HI 23	7 th		sow the deceased alive so	view the body ofter death.	, and that in (my) (our) apinion	death occurred an the date and hour ar	nd from the causes stated
A 2	11		226. SIGNATULE	A A	DEGREE		22¢ DATE SIGNED
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O F O F	£ 8 1		16,0	RY LAMB	SBG+		
21 22			BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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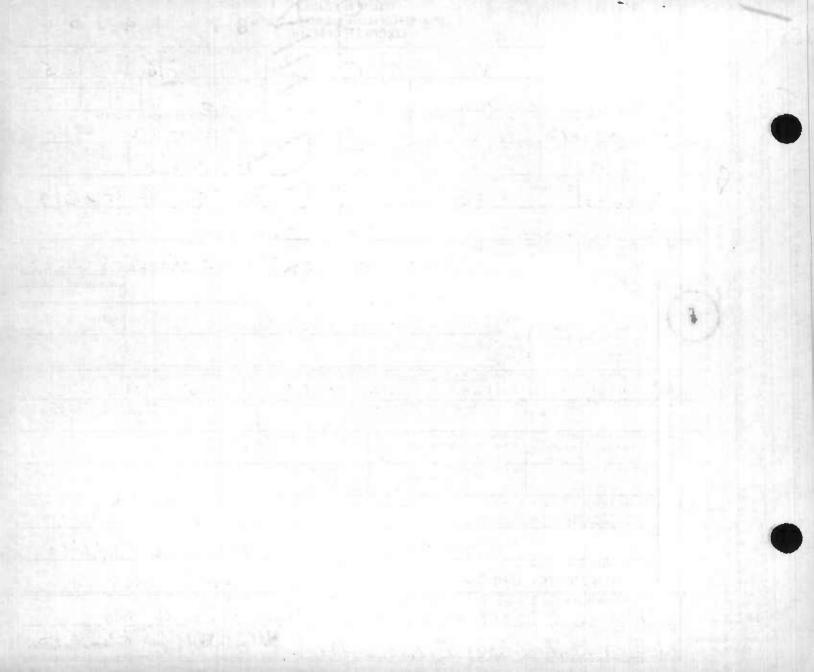


Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

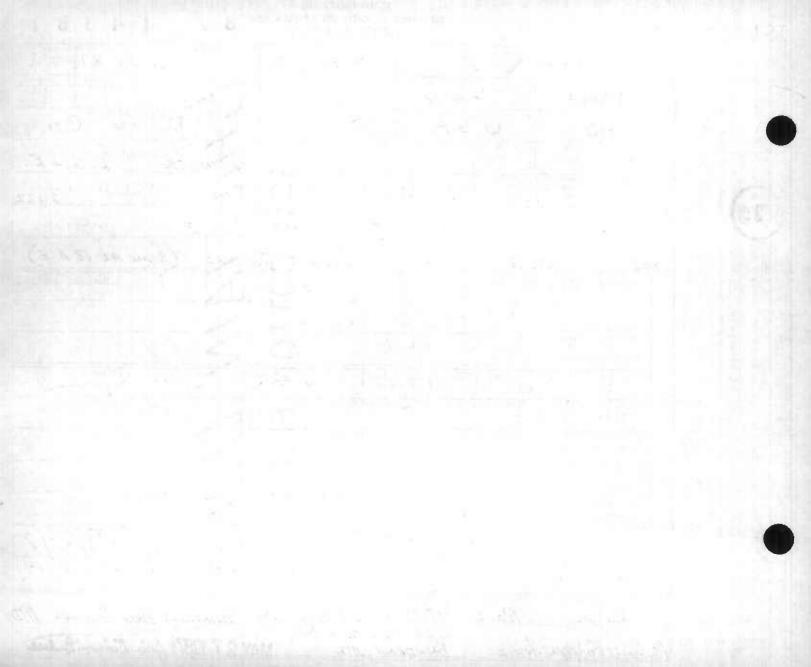
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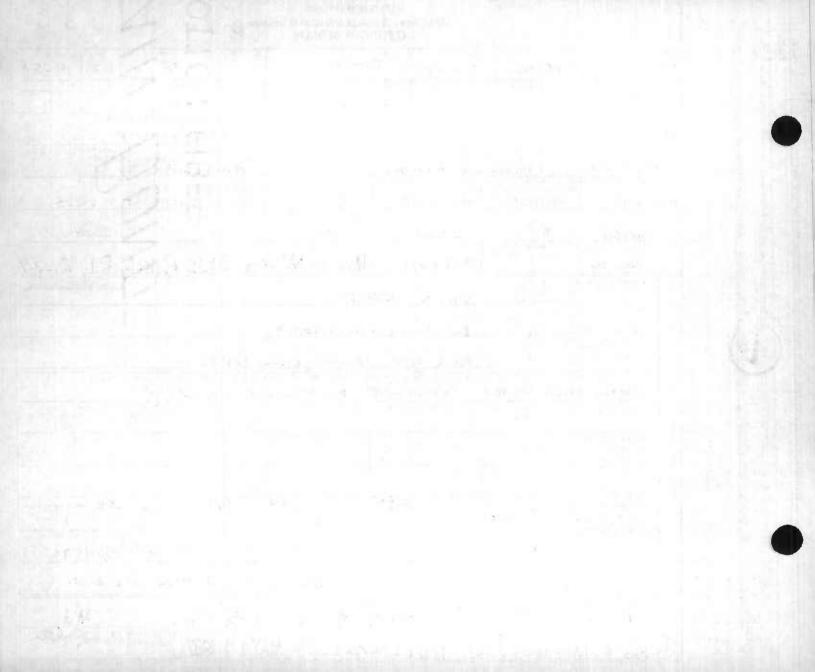




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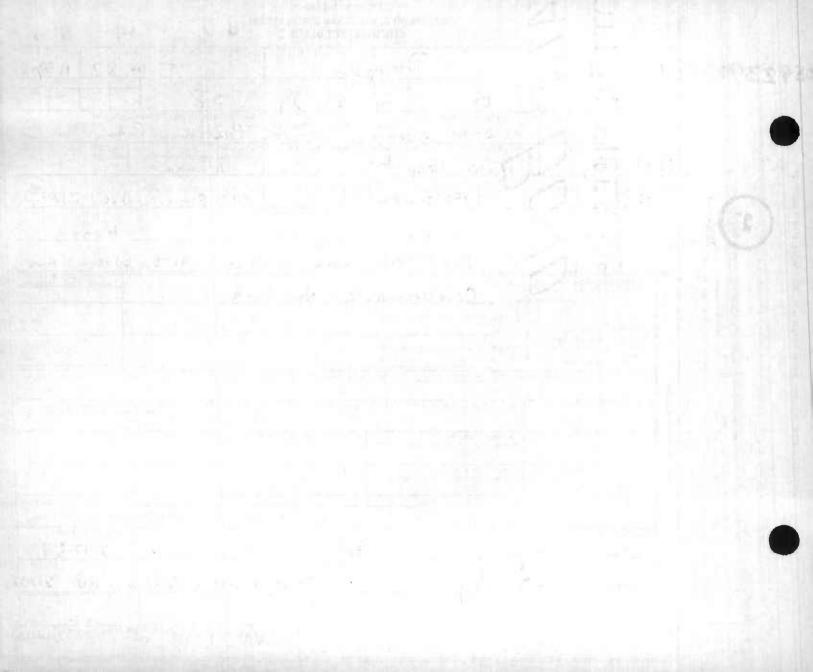


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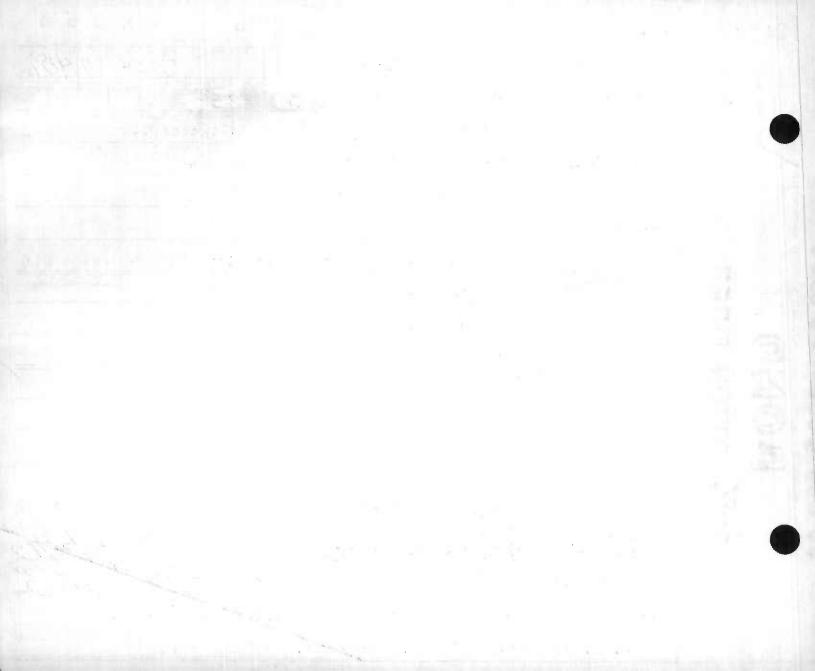


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINTS EUGENE THOMPSON MAY 19. 1987 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED KENTUCKY DIVORCED | BALTIMORE WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) THE JOHNS HOPKINS HOSPITAL INDUSTRY BALTIMORE RUCK DRIVER ONSTUCTION SUAL RESIDENCE | IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

STATE 136 COUNTY 122. CITY OR TOWN CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1005 MADIE ENSHOHOCKEN 15. MOTHER'S MAIDEN NAME MICDIE CENOI ENNIE IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) BARBARA 100.5 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ARREST CARDIO TULMON ARY minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HYPOXIA PHENMONIA ASPIRATION Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF COMA underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a Disease 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) AT WORK NOT WHILE 22a | certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 224 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 0 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE URIAL 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR DHMH - 16 60M 7/Ba (VRA 15, 4)

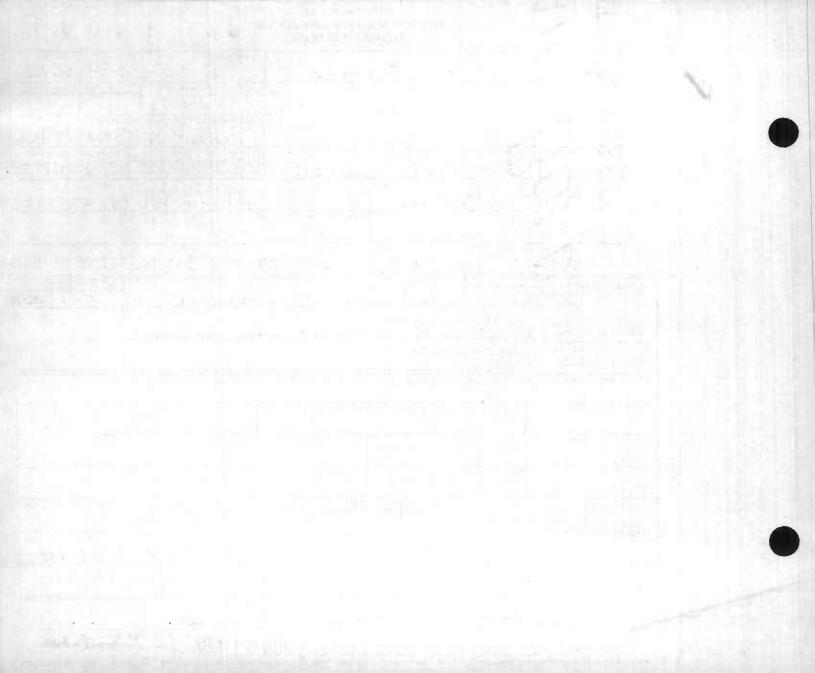
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STATE OF MARYLAND

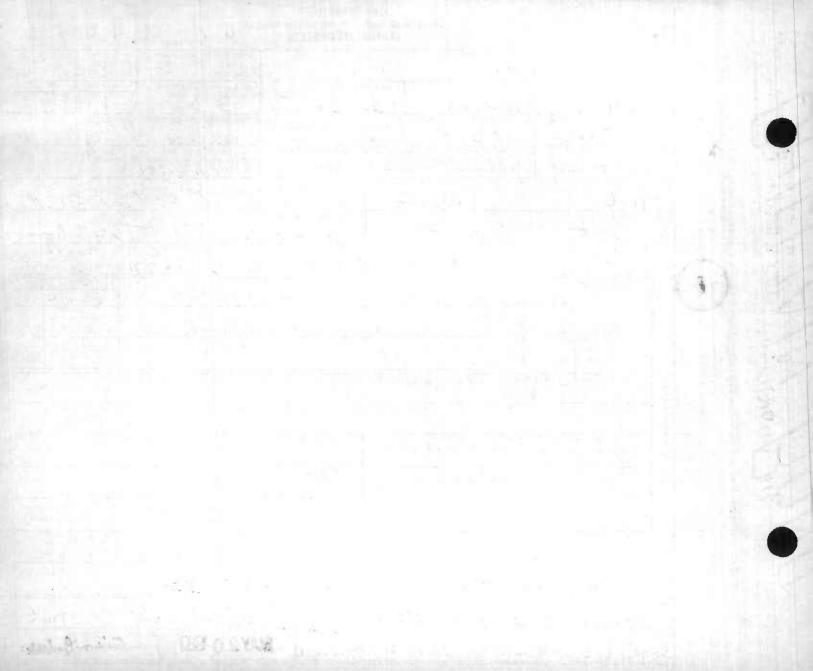


	1			STATE OF MARYLAND		
	11	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE R	4090
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR YE AR (TYPE OR PRINT) Ellsworth Thornton 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS DAYS YEAR 06 YRS WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH. I STATE OF FOREIGN 76 CITIZEN OF MARRIED NEVER MARRIED WIDOWED DIVORCED | Baltimore 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

ne Union Memorial (TYPE OF WORK FOR MOST OF WORKING INDUSTRY Baltimore City The Nemplau JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13a. STATE 13V COUNTY 13e STREET ADDRESS 13c. CLTY OR TOWN 13d. INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES' ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lange for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY-SMIN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES F NOF 216. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (I) (we) (did) (did nat) view the bady after death I, and that in (my) (our) apinian death occurred on the date and have and from the couses stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS th the Union Memorial Hospital Domingo Roche Jr., M.D. 0 230 BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)



MPORTAN DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

ARBUTUS MEMORIAL PK. HOMES, INC

GWYNNS FALLS PKWY, BALTO, MD, 21216

23¢ NAME OF CEMETERY OR CREMATORY

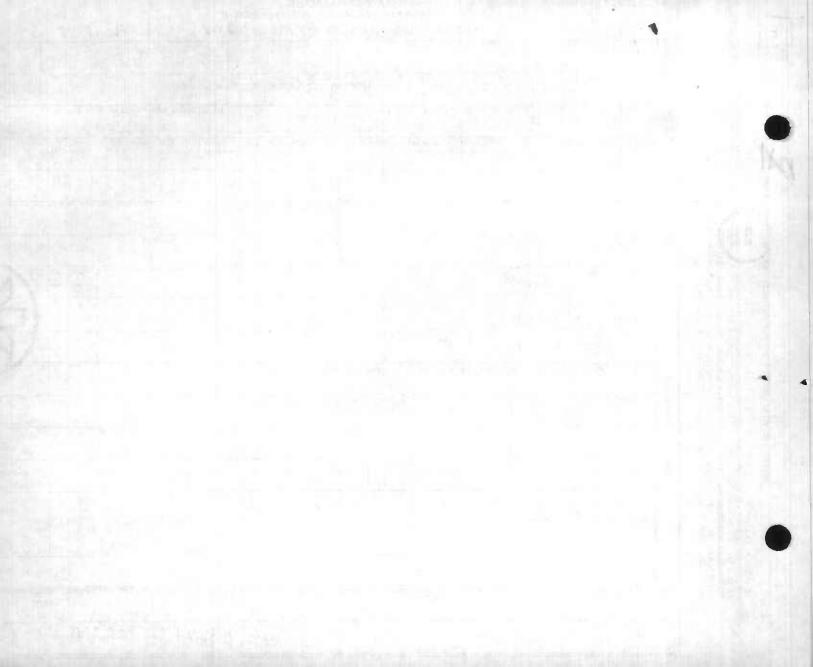
BACTIMORE, MARYLAND

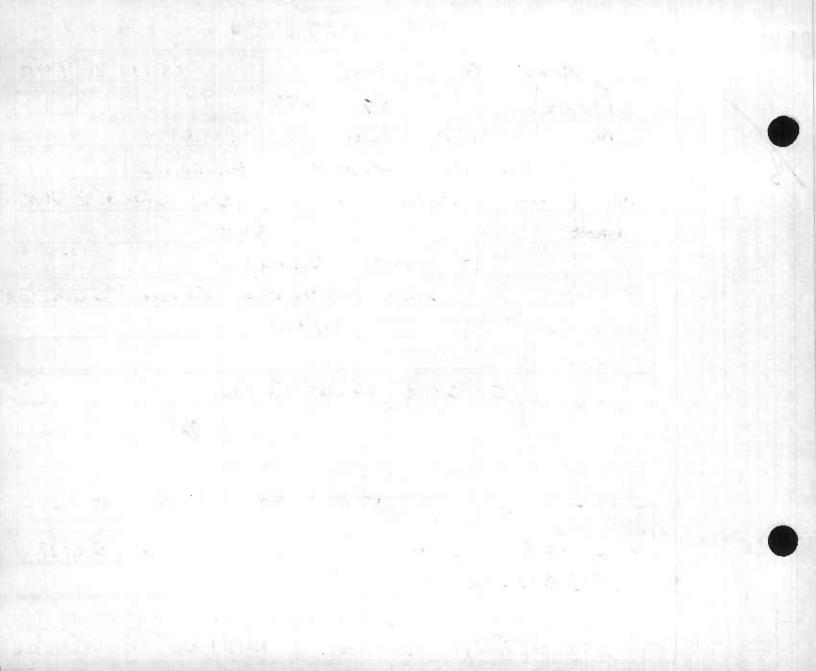
C/O Maryland General Hospital

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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PORM PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: A AFTER DEATH, WITH THE ST BALLIMORE, MARYLAND, 2	need	(TYPE OR PRINT	Char	les P. Ko	okes,	M.D.	AD	DRESS_		TTT }	Penn S)t.,	Balt	.O., I	עווי בד	201
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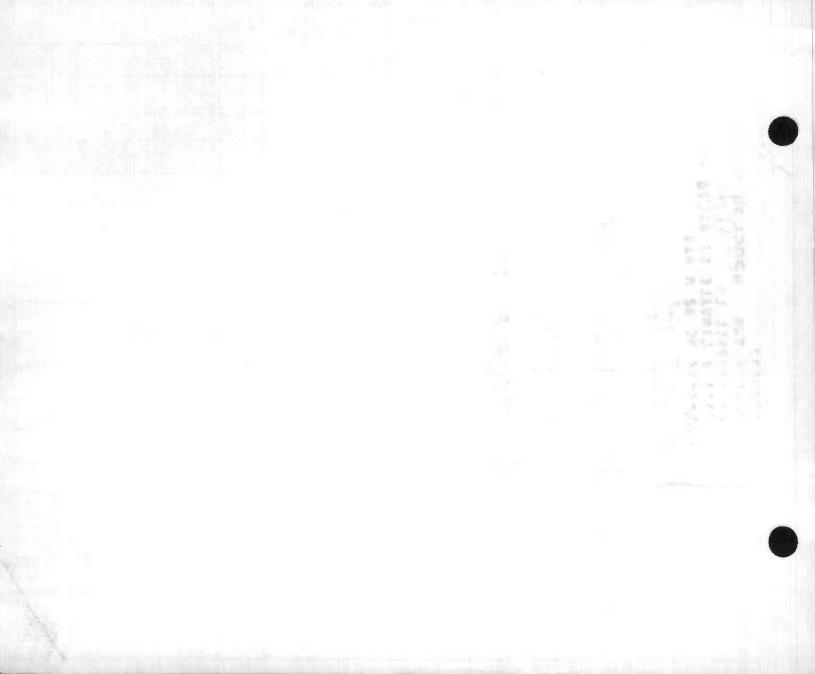
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) o to to this	T -	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		4095
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4 moy	3. SE		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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ON OF VITA	14	OR CONTRIBUTING CAUSE OF D		DAY YEAR		
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TTE Prince of 10 21 21 21 21 21 21 21 21 21 21 21 21 21	139	the deceased alive a be e./(1) (we) (did) (did n	nat) view the body ofter death	19, and that in my) (our) of	pinian death accurred an the date and hou	r and from the causes stated
OR AT DIRECT DOIRECT Ocched f Wittem 2		224 SIGNATURE		DEGREE		22c. DATE SIGNED
AL O The Odero	10	MONDAN	SW	MD PHD ATTEND		22 MAY87
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TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I		ICDIM MAD	Sky	011/11/1V	1) HOSP, 15HCT	1111
75 F 22 3 R		BURIAL, CREMATION, REMOVA	L 231 DATE	23c. NAME OF CEMETERY OR CREMAT	TORY 23d LOCATION	COUNTY STATE
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	AE	DRESS 21229	So. DATE REC'D. BY REGISTRAR 256 REGIST	
(VRA 15, 4)	H	ubbard Funeral		107 Wilkens Ave.	MAY 25 1987	To don Radallo



	1			STATE OF MARYLAND		
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	3. SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
	F	EMALE	BLACK	MONTH DAY YEAR 5/12/14	73	MONTHS DATS HOURS MIN.
0-	7a B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
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300	10. ⊂	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION OF OF WORK FOR MOST	ON 126 KIND OF BUSINESS OF
30		ALTIMORE	UNIV. HOSPIT		N/A	N/A
12	(1)a	TATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e.STREET ADDRESS	ZIP CODE
胜绝	~	MD.	BALTO		2308 TTO	GA PKY. 21215
Sec.	14. F.	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	[AS]
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909		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECTIVE WAR OR DATES)	URITY NO. 17. INFORMANT	ADDRI	WARSAW, VA.
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٠,٠	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1(a
N in in	CERTIFICATION					
à ouò	δ	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Show	Ī				YES NO	YES NO
00		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 716 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
r Item	18	(IF EITHER, NOTIFY MEDICAL EXAMINE	enn -	19		
5 /	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY STATE
ked	Z	MHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	CITI OK TO	STATE STATE
E O	12		oital) attended the deceased from	May 14 10 87	to Men	00 , 19 87 , tha (II)(we) le
- is	13	saw the deceased alive a	n New 30 19	all deals	death accurred on the de	ate and hour and from the causes stated
lf hem 2		abov (, (I) (we) (did) (did n	at) view the body after death.	DEGREE		22c DATE SIGNED
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NA I	4	22d PHYSICIAN S NAME OF	Inch.	PHYSICIAN [DIRECTOR PHYSIC	1ANX 5/20/87
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OW-		B. Larry	Jentins Jr	WD 33 2011	Greene S	T. Balt., 190
-	23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
		BURIAL	5/24/87	NEW ST. JOHN	KILMARNO	OCK, VA.
M 7/84	24 F	UNERAL DIRECTOR	_100	25a DA	TE REC'D. BY REGISTRAR	25h DECISTDAD'S SIGNIATION
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Page 4		RTHPLACE (STATE OR FOREIGN 76)	CITIZEN OF WHAT COUNTRY?	10	29 06 NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DE		
6 116	64	TY OR TOWN OF DEATH LTIMORE AL RESIDENCE (IF NURSING HOME OR OTH	7	DICA	CENTER	120 USUAL OCCUPATION OF CONTROL OF WORK FOR MOST CO	F WORKING LIFET IN	KIND OF BUSINESS OR DUSTRY Slidden Ring	
	3a S	THER'S NAME FIRST MIDE	131. GITY OR TOW	more	138 INSIDE CITY LIMITS? YES NO 1		D. Lanua	a last	
		VAS DECEASED EVER IN U.S. ARMEI	Towels DFORCES? 166 SOCIAL SECU		Julia 17 INFORMANI Elizabeth, C	ADDRE	2523 W	Lanuale St	
oth certifica ording physicachen apper incorremental		18 CAUSE OF DEATH Enter only o PART I. DEATH WAS CAUSED B IMMEDIATE C	one couse per line for (o), (b), on	pul	moneny	assest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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PHYS PHYS PHYS PHYS PHYS PHYS PHYS PHYS	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	FARM ETC)	211 LOCATION STREET	CITY OF IC	own co	OUNTY STATE	
ALOR ATTEND the hospital of ALDIRECTOR - see seached for see are Dept. of Head		270.] certify that (1) (this haspital) saw the deceased alive on above, (1) (we) (did) (did not) vi 276. SIGNATURE SLAA A	5-15 19		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF 2	from the causes stated 121. DATE SIGNED	
O HOSPITAL Transed by the Novel Ball Thould be dee with the Store WIPOSTANT		224 PHYSICIAN'S NAME (TYPE OR PR	ASHMI		2000 LIBE	ERTY HE		WE 2/2/5	
BP		Burial			emetery or crematory		ındel Co.		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR WITH March F/H 1	West 4300°Wa	A risad	WO	E REC'D. BY REGISTRAR		SIGNATURE	



							OF MARYLAND		
		1.	FOR STATE		DEPAR	TMENT OF H	EALTH AND MENTAL HY	YGIENE 8	4098
C 1 C 0 0 10	19.0	20	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
147.00	AL Z		EASED NAME FIRST		WIDDLE	1	AST	28 DATE OF DEATH MONTH	26 HOUR
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eoth. Po	and the second		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN C	F WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED TO	BALTIMORE CITY OR COUNT	14
offer o	2	IO CI	Ba Haure		F HOSPITAL, NURS		PROTHER INSTITUTION	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING RETIRED	126. KINDO A BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours to attending physician. When this certificate has been signed by the ottending physician and complete filled in by as the burial-transit permit. Then please remove carbon-papers. Page 1 p. d.2 hour-this filled in bhood Memial Hygiene prior to burial, cremotion, or removal.	q sold	130.5	TATE 13b. CI	E OR OTHER INSTITUTION AS A	ON, GIVE RESIDENCE BEFO	NW	198. INSIDE CITY LIMITS? YES A NO	3415 Chestnut	DE Avenue 21211
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ALTIMORE, M te be executed ticlon ond com ters. Page 1 p	medica		AS DECEASED EVER IN U.S. ES, NO OR UKNOWN (# YES)	ARMED FORCES GIVE WAR OR DATES) VII		8514	Donna Trace	ADDRESS Ly 1601 Union Aver	nue 21211
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DIVISION ING PHYSI r offending street this ce os the bus though we have	morked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE	- 1	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Les Por	N2		220 I certify that (I) (this has saw the deceased alive	on MAY 83	- 19		d that in (pays (our) opinio	n deoth occurred on the dote and ha	, 19 7, that (I) (we) lost
TAL OR ATT by the hosping RAL DIRECT detoched for tote Dept. of	: If Hem 21		above, (1) (we) (did) (du	view the boo	dy ofter defath.		DEGREE	MEDICAL STAFF	224. DATE SIGNED
ed be	MPORTANT:		220 PHYSICIAN'S NAME (TO	PE OR PRINTS	a.		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	10. Halo.
	<u> </u>		URIAL, CREMATION, REMOV Burial	7AL 236 DATE 5/28			EMETERY OR CREMATORY rans Cemeter	- CITY OF LOWN -	st ^{county} Maryland
BP	-			3/20	/ U/	vece			
DHMH - 16 60M 7 (VRA 15, 4)	7/84		NERAL DIRECTOR • Alan Seitz,	Jr. 361	5-19 Che	stnut 1		AY 26 1987 Julia	STRAB'S SIGNATURE CONTROL CONT

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14445 MAY 2	515	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.	100
e e e e e e e e e e e e e e e e e e e		CEASED NAME FIRST	Cotherne Tracey 5-19-8	YEAR 26. HOUR PM
Page 4 may be director, page 3 hours offer death	3. SE	×	5. DATE OF BIRTH MONTH 11 - 13 - 07 16. AGE (IN YEARS LAST BIRTHDAY) WONTHS YEAR YEAR YEAR	R TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
nerol dir		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BOUTTON OF DE	ATH MD.
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NG PHYSICIAM: The law requires that the death certificate be executed. Thing, boars attending physician. When this certificate has been signed by the attending physician and certificate has been signed by the attenda	13a,	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNITY 134. CITY OR TOWN 134 INSIDE CITY LIMITS? 136.STREET ADDRESS / ZIP CODE 323 S. Bruce Stree	t 21223
		ATHER'S NAME		LIAST CS
be exection ond a service medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS GIVE WAR OR DATES) 3-18-3014 Eileen N. Perry 2746 Moorgate R	d. 21222
physicia on poperi emaval.		PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b), and (c)) be Carfus and the late Carfus	APPRORUMENT INTERVAL ETWEEN ONSET AND DRATH
the death ce the attending remove cools emation, or re-		Conditions, if any, which	DUE TO, OR A CONSEQUENCE OF (b) PERSONS (b)	
that the do by the lease remote or other t		couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF	
requires to The poor to bur y injury, o	TION	PART 2. OTHER SIGNIFICANT	ling proumotile on thritis	
The law reconstruction. The law reconstruction. The law reconstruction. The law reconstruction.	CERTIFICATION	190 DATE OF OPERATION	YES NOT YES YES	FINDINGS USED CAUSES OF DEATH?
SION OF VITAL R PHYSICIAN: The ic ending physicion. this certificate has the buriol-transit per ad Mental Hygiene d or Item 18 shows	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	NER) P.M. 19	PART 2)
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TTEN spitol TTOR: for us of He		saw the deceased alive of abave, (1) (we) did (did i	on 19 and that wiscours apinion death occurred an the date and haur and find the backgrafter death.	
0 0 0 0 0		226. SIGNATURE 226. PHYSIQIAN'S NAME VIVE	O _ ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1-19-87
TO HOSPITAL TO FUNERAL should be deter with the Store MAPORTANT:		37087	rountum RE Pasadona ME 21/22	
BP		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	236. NAME OF CEMETERY OR CREMATORY (23d. LOCATION CITY OR TOWN STYLE A.A. A.A.	

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

FUNERAL DIRECTOR
NAME
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Glen Haven Memorial Pk.Glen Burnie A.A. Md.

21229

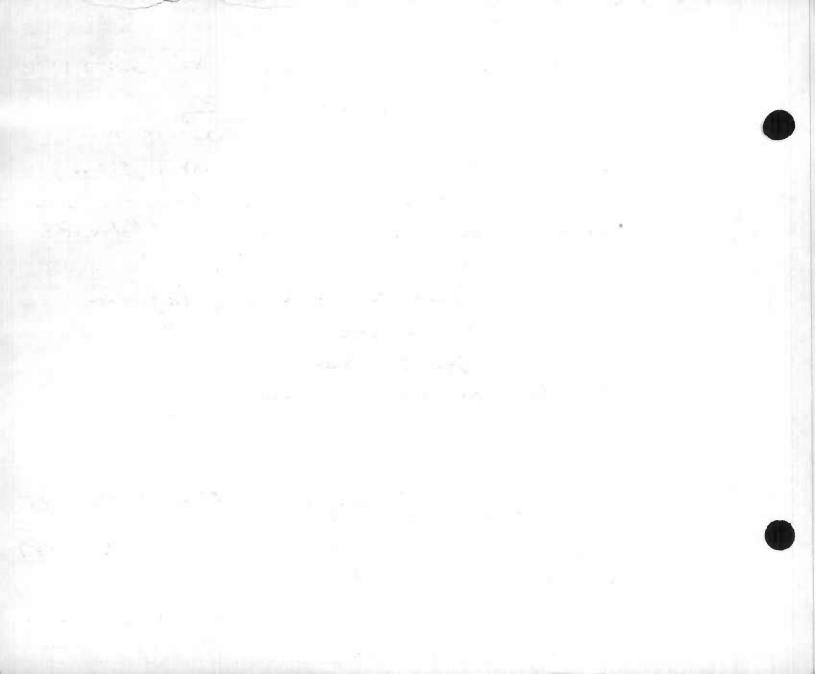
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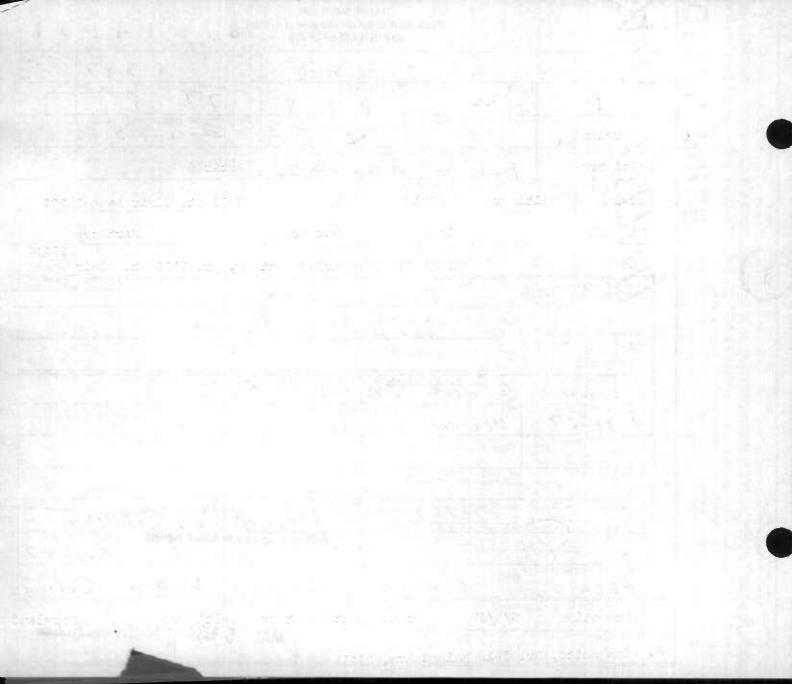
Julia Davidson Randall



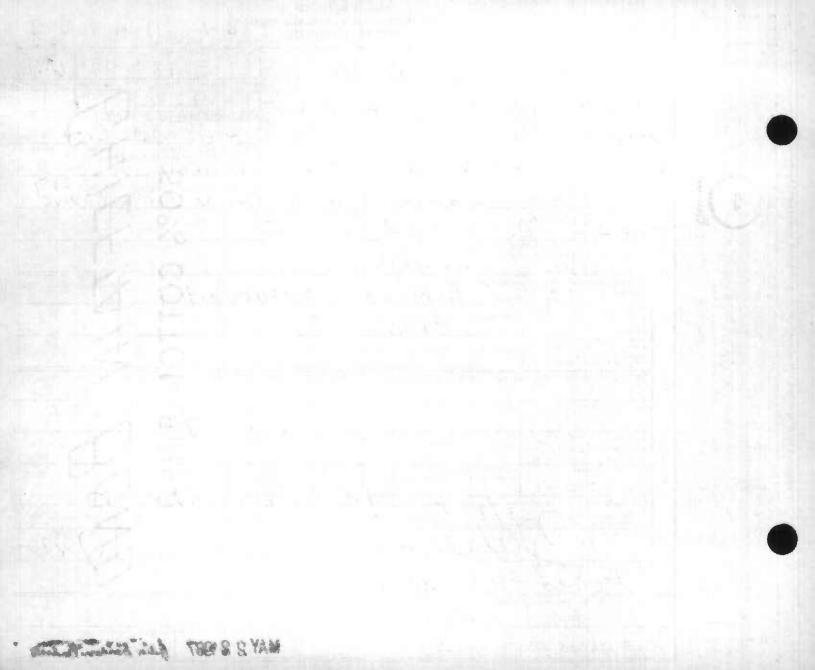
ALBERT J. TRAGESER

See Certificate # 13472

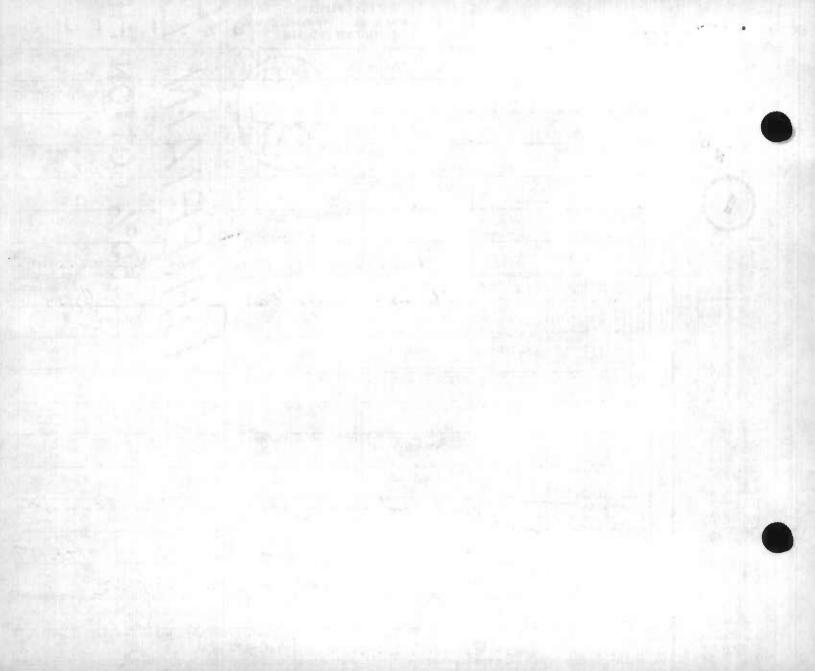




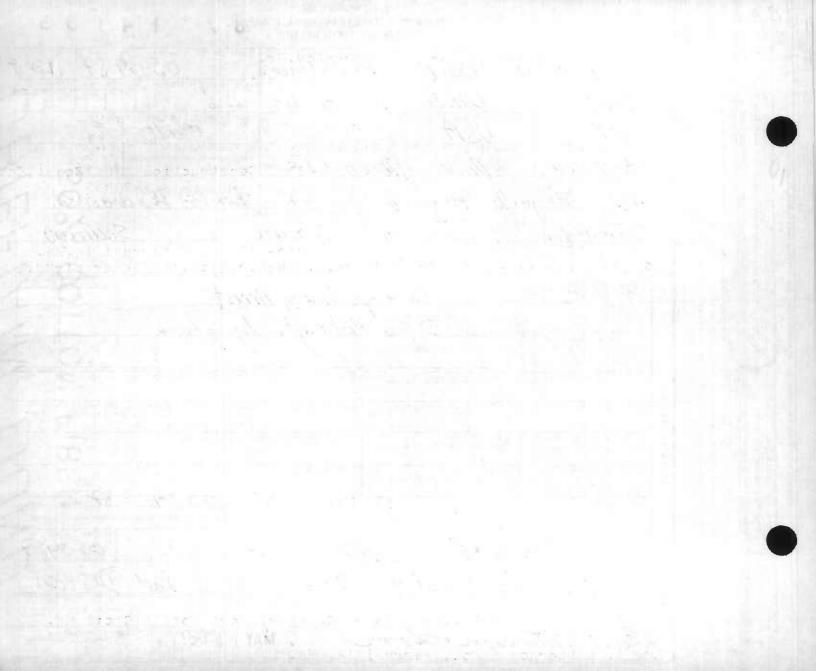
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43/4 MAY 25	T - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7
100	REGISTRAR CERTIFICATE OF DEATH REG. NO.
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Pold Pold	76. BIRTHPLACE (STATE ON FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED
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1 1 4	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 110 USUAL OCCUPATION 111 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1120 USUAL OCCUPATION 1120 WORK FOR MOST OF WORKING LIFE) INDUSTRY
501	BOTTIMORE BON SECOURS HOSPITAI RETIRED
E	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COLINIX 132. CITY OR TOWN 133. INSIDE CITY LIMITS? 132. STREET ADDRESS / ZIP CODE
AN STATE	Maryland Baltimore Baltimore YES & NO 140 W. LAFAYETTE AVE
MARYLAND	14 FATHER'S NAME FIRST SEYMOUR TOLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE LAST
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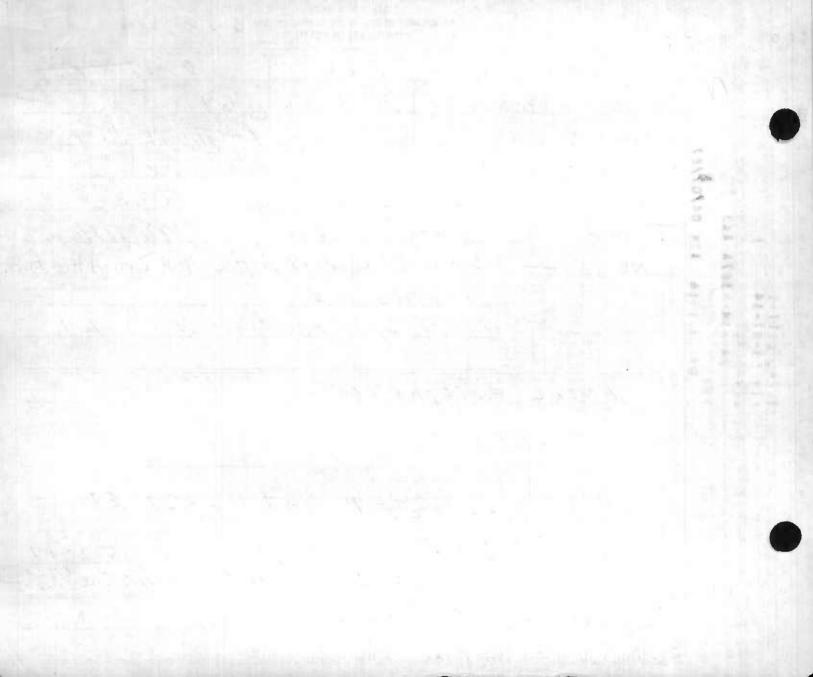


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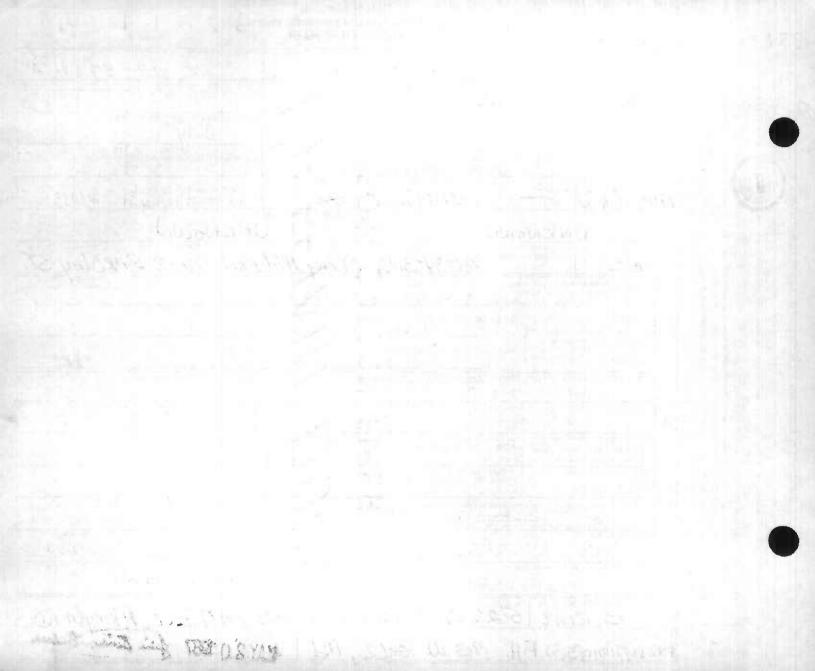


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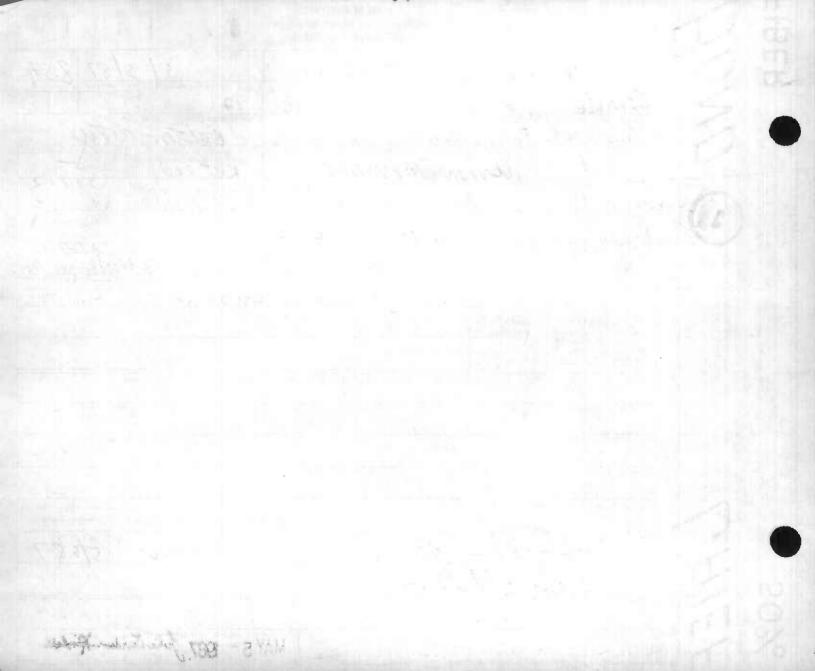
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E 1 25	130	STATE 13b COUNT	THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 134. STREET ADDRESS / ZIP CODE 2238 Barclay St	. 21218
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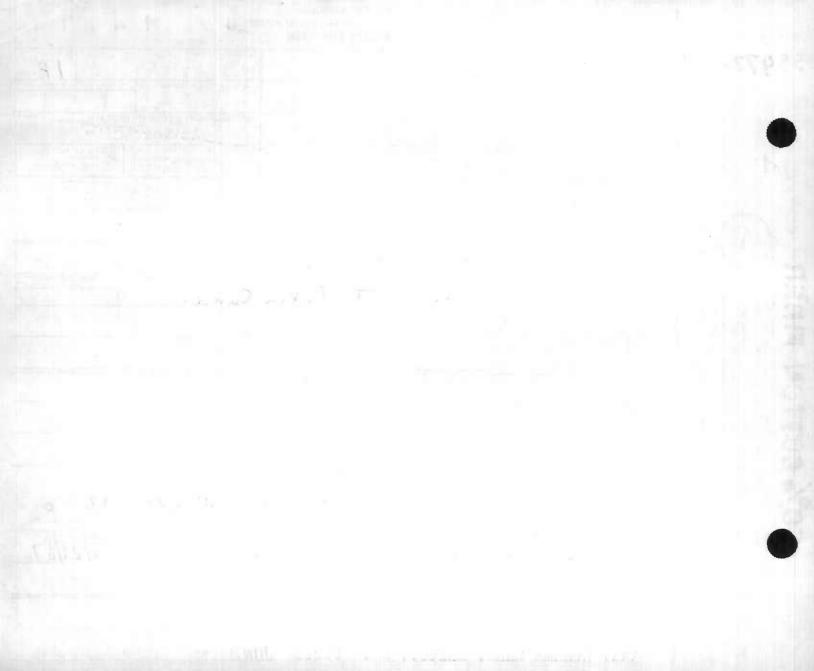
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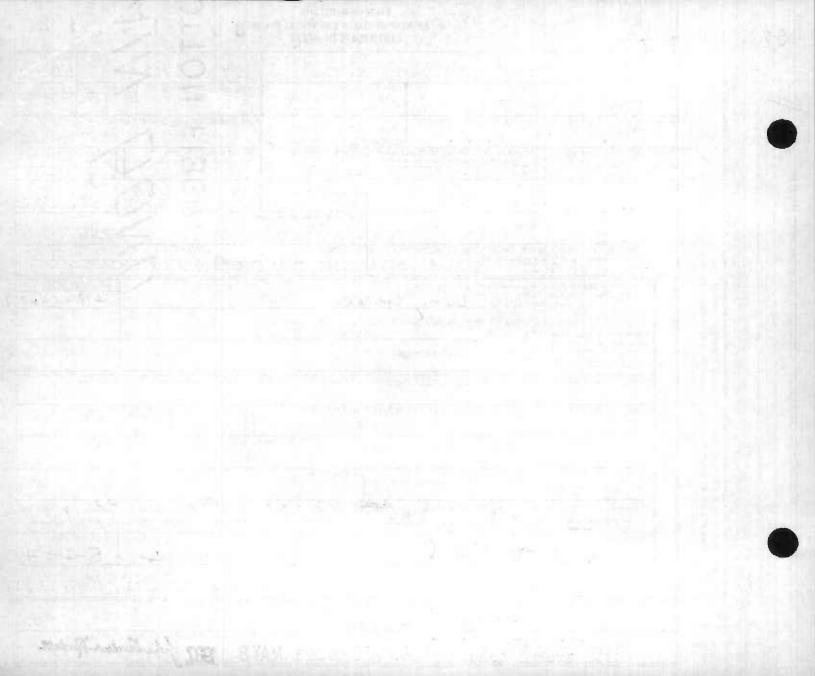
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TYPE OF PRINTS TUKHIR 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) YEAR Black 57 30 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) NA 13e STREET ADDRESS / ZIP CODE 7105 Bex 1111 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Michael Willis TUIZHIR 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN NNP - Mercu 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Premadury treme IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON 710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM ETC I NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from A DEA saw the deceased alive on APCI 30 abave, (I) (we) (did) (did not) view the bady after death. , and that in (my) (aur) apinian death accurred on the date and have and from the causes stated 226 SIGNATURE DEGREE we on a but Murse Diagli MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Silverman 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE Removal 5-7-87

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- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

FIRST

L DECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CITY OR TOWN COUNTY STATE DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE State Anatomy Board Balto., Md.

REG. NO 20 DATE OF DEATH MONTH

2b. HOUR

125 KIND OF BUSINESS OR

NO [

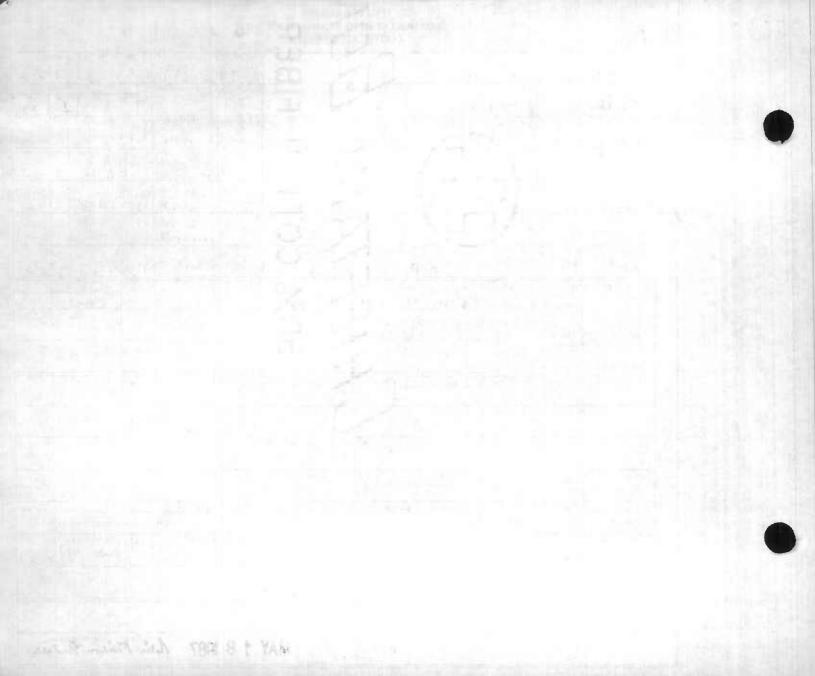
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COUNTY

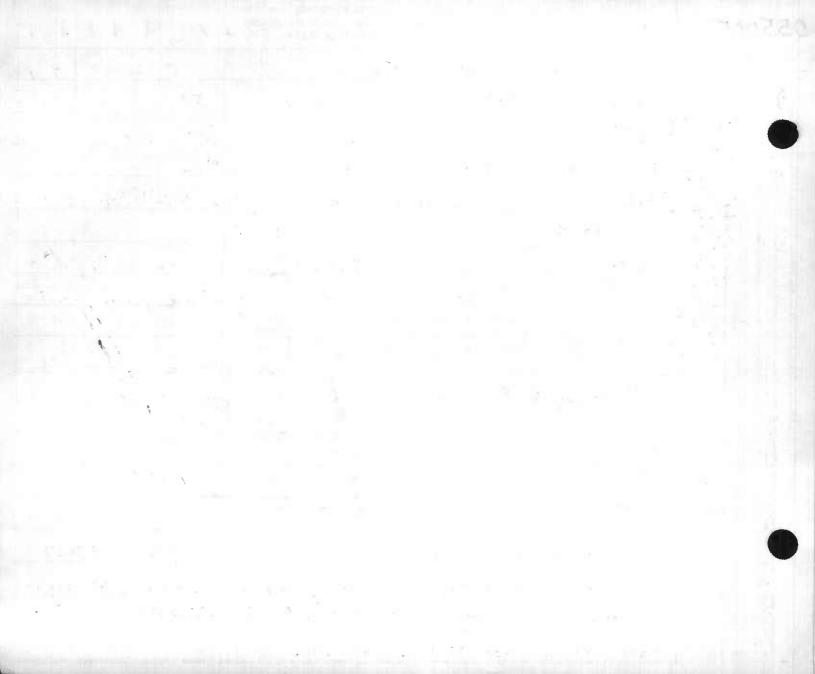
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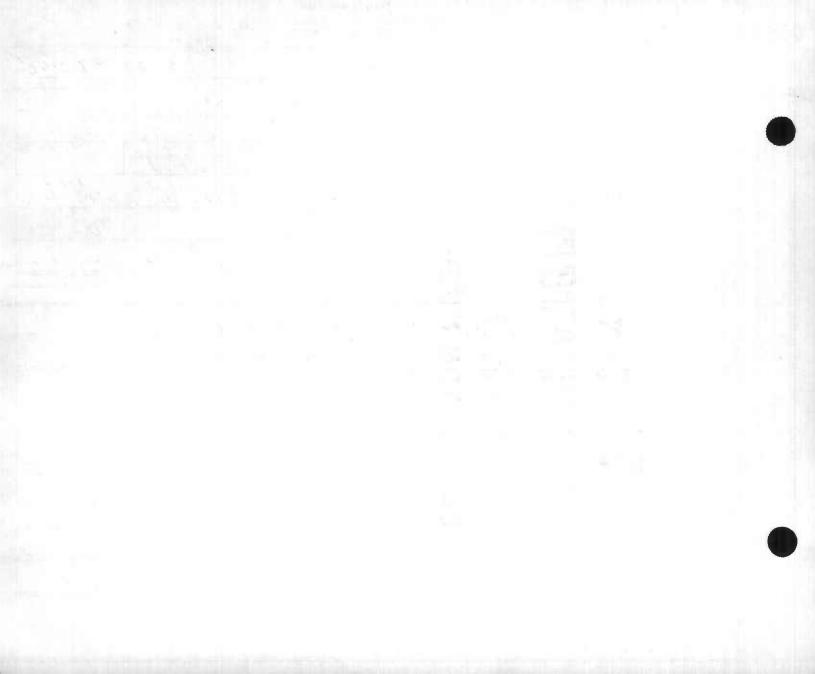
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e 4 may be action page 3 softer death		CEASED NAME FIRST DELOR	es M. A RACE Black	Turner S. Date Of Birth Month 09-20-29	REG. NO. 20. DATE OF DEATH MONTH 5 - 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 30 - 87 9 PM IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN.
offer death Pag offer death Pag ed within 72 hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTY	TRY? MARRIED NEVER MARRIED WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION		1/4 MD. MD. MD. MD. MD.
uted within 24 hours completely filled in b. I and 24 hours and a signification of the signif	13a :	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE UNITY 13c. CITY OR A	BEFORE ADMISSION) 13d. INSIDE PITY LIMITS? 13d. INSIDE PITY LIMITS? 15 MOTHER'S MAIDEN N	1416 22	1905 STREET 2121
RECORDS, 201 W. PRESTON ST., BALTIMOR elaw requires that the death certificate be exem. The sear signed by the attending physician and permit. Then please remove carbonappers. Page ne prior to burial, cremation, or removal. We any injury, or other traumotic event, the medic		18 CAUSE OF DEATH IEnter PART I. DEATH WAS CAU IMMED Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	anly one cause per line for iai, (I) ISED BY DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) IT CONDITIONS CONTRIBUTING L ob Struction	etic adenocarcinemo	RMINAL DISEASE OR CONDITION AND AUTOPSY? 1 200.	22 1/2 St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PLUNCELY 6 MONTHS NGIVEN IN PART ITO FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES 0
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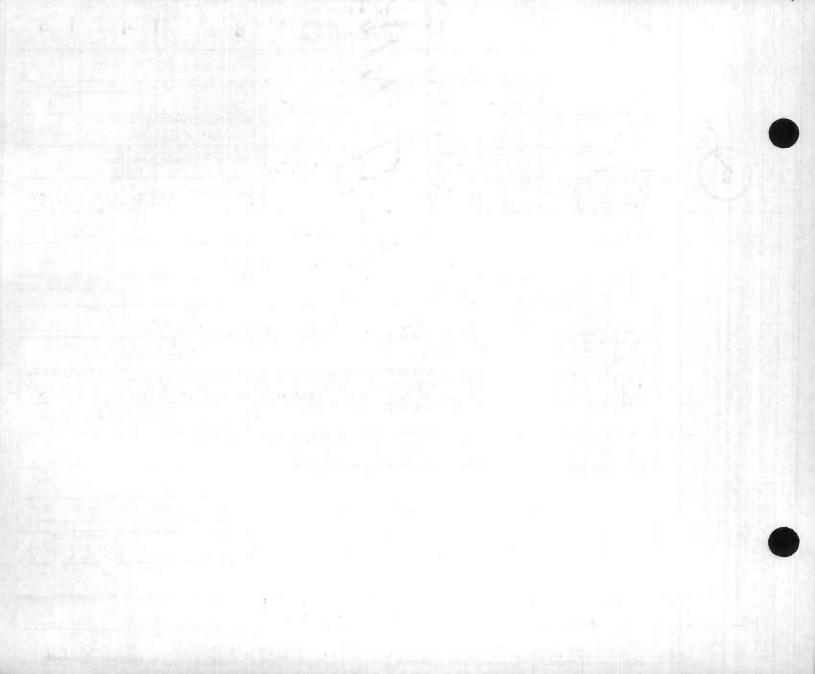
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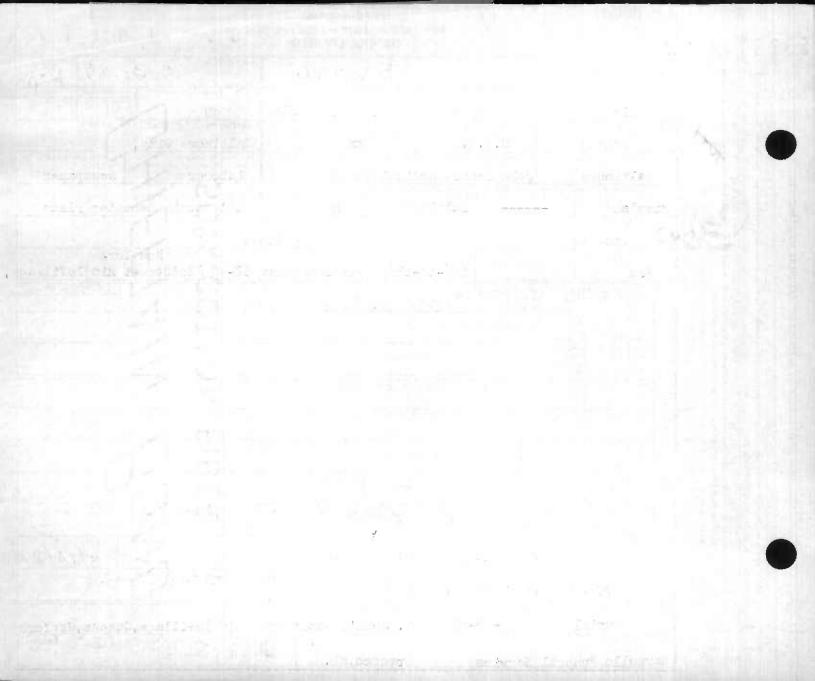
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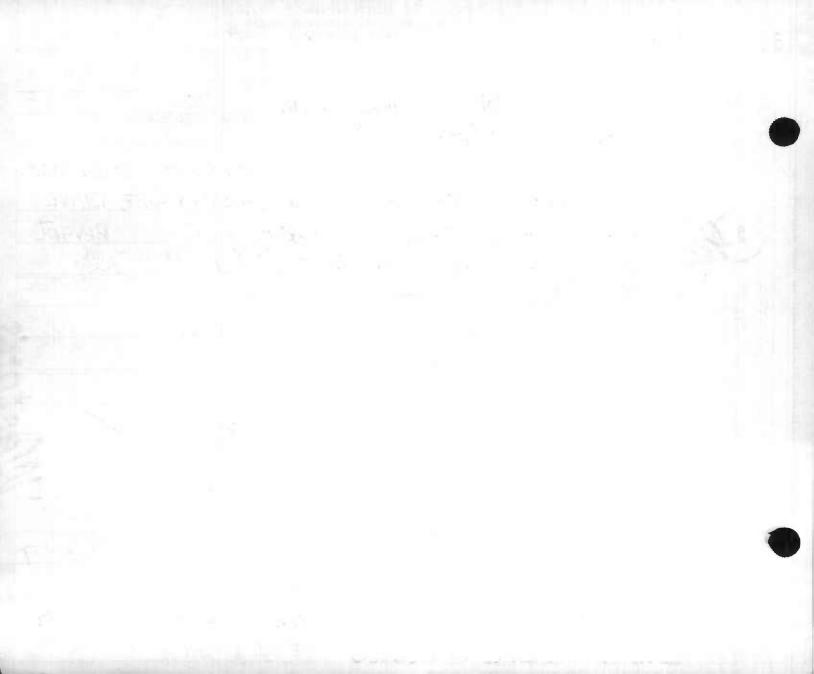
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T Marie Z	obove, (I) (we) (did) (did) 22b. SIGNATURE	not) view the body ofter death. Roccuk	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 5/30/87
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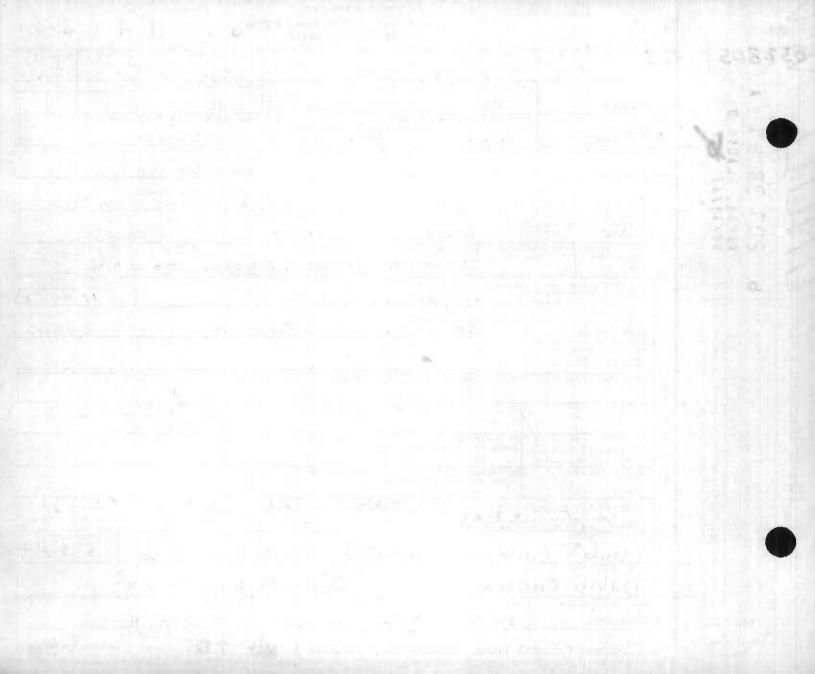
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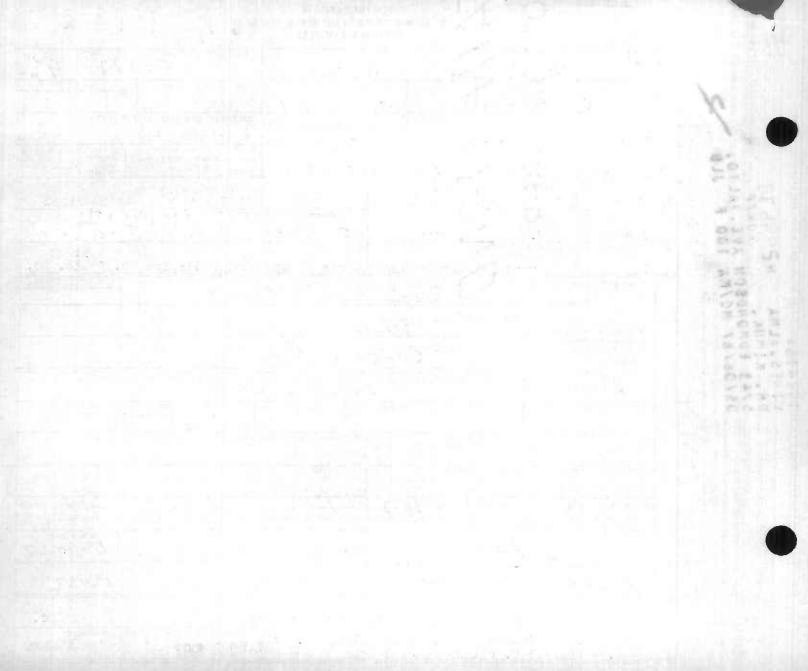
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWNX MONTH 26 HOUR TYPE OR PRINT) RONALD TYREE DEATH MATED 5 19 19 87 Wayne 4 RACE S DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR 27 YRS 6:06 A RONOUNCED DEAD 1987 OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia Baltimore City WIDOWED O. CITY OR TOWN OF DEATH 17a USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Drywaller onstruction Baltimore 3306 Hudson St. ISMAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3300 Hudson Street 21224 MD. 21201 3a STATE Baltimore 13d INSIDE CITY LIMITS? YES XX NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Janie Tyree Ir. John 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Tyree Jr. 3306 Hudson St. 21224 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 2 A OR HOUR A.M. MONTH DAY YEAR UNDERLYING XXX 5-19- 19 87 Shot self with stud oun. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK 3306 Hudson St., Balto, MD home Autapsy X 220. I certify that I taak charge of the remains described above, held on and in my opinion Suicide X Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) 5-19-87 Assistant EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY rest Lawn Buria ltimore 1 07/B4 BP. 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** harles S. Zeiler & Som Inc. 901 S. Conkling St Julia Divideon Randalle (VR A15 ME (5))

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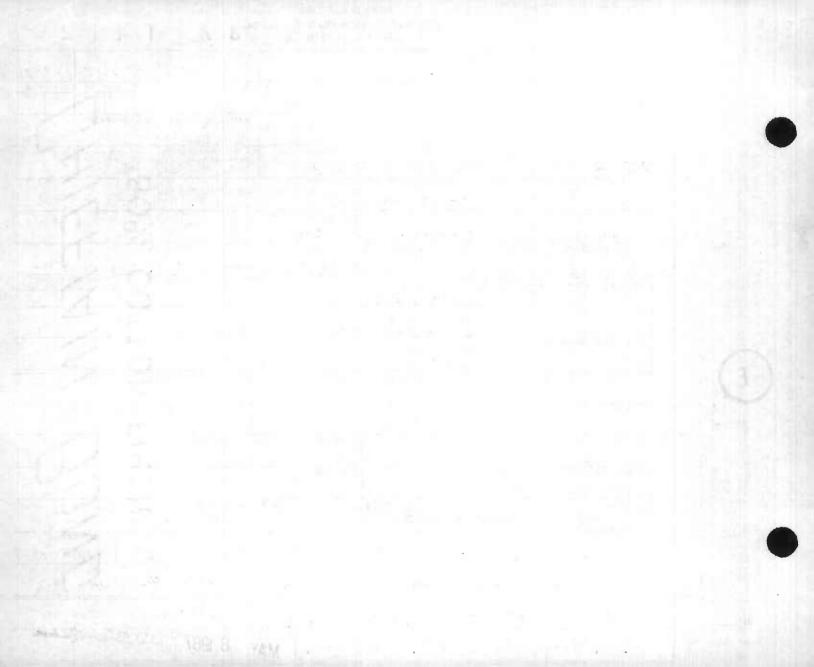
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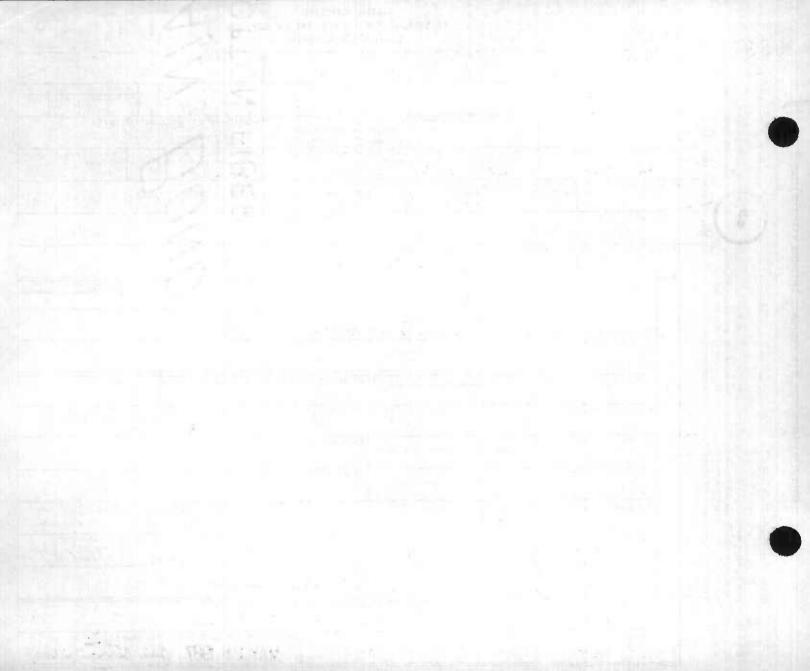
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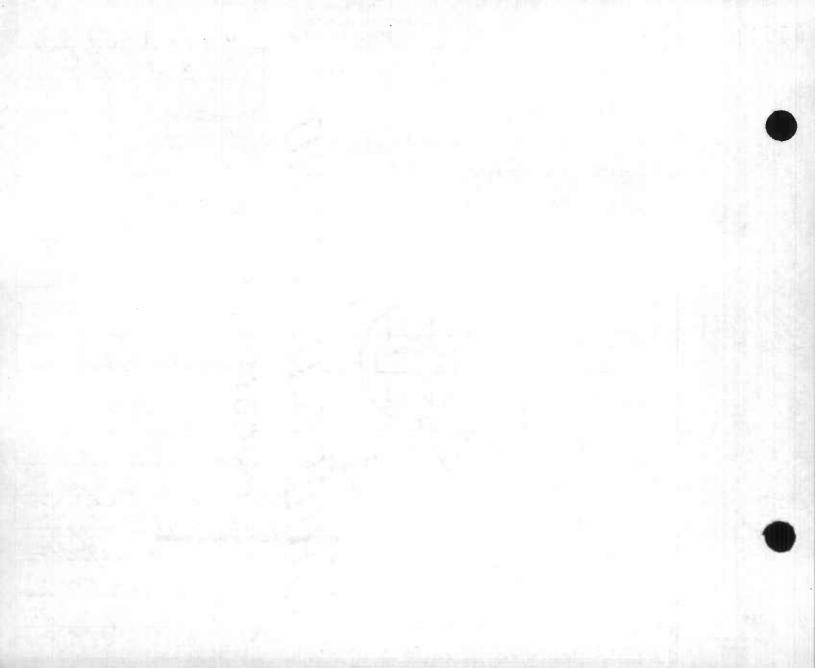
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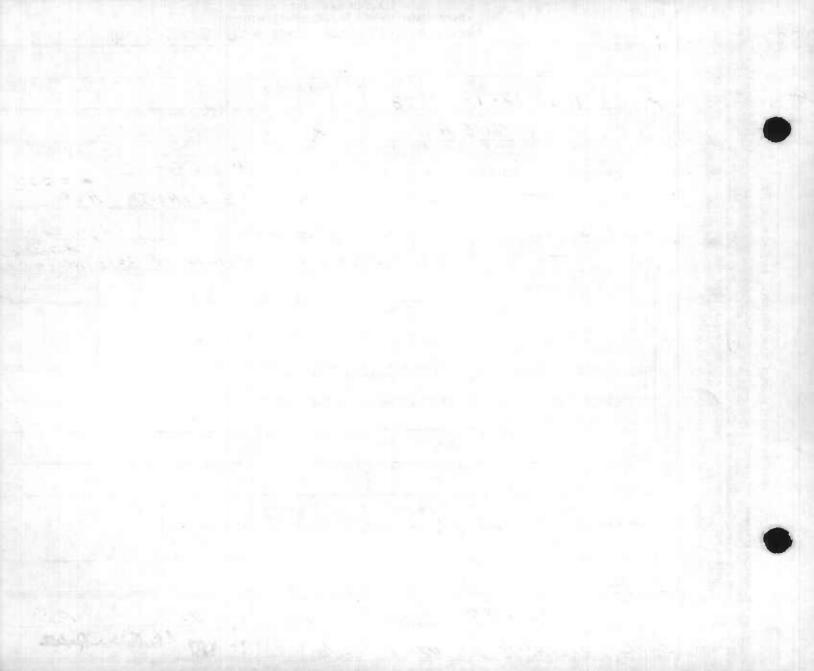
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5 3	五星 丰富	0 0	ME	WHILE TO NOT WHILE TO	TAT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TOW	IN //	COUNTY	2 STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME EIRST KNOWN 20. DATE (TYPE OR PRINT) OF ESTI-S FOR YOUR FILES.
WITH V 72 HOURS Marie Tda Walker E 1987 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 24 H945 DATE LAST BIRTHDAY) PRONOUNCED DEAD P 1987 FUNERAL 5 FOR YC 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED DIVORCED O CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS **Ealtimore** F. North Avenue RETAIN PA DUSCW; Fe-JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 136 COUNTY 13e STREET ADDRESS 14 FATHER'S NAME MIDDLE MIDDLE OURS AFTER DE 18. GIVE PAGE WITH FORM I DIVISION 17. INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PERMIT. BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMI) OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) Multiple stab wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if pny, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF 31 PRIOR TO BURIA YES 29 NO [TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CRITIFICATE, WRITING THE WO PRGE 4 SHOULD BE FORWARDED TO THE C TO FUNEAL DIRECTOR: PACE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR Subject stabbed MEDICAL 1.87 5 CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY CATHOME 21f LOCATION AT WORK NOT WHILE STREET, EACTORY, EARM, ETC.) 331 E. North Avenue, Baltimore City, MD home X charge of the rempins described phove, held on Autopsy 22a I certify that I to Inspection and in my ppinian Homicide X death resulted frag Natyral causi Undetermined manner TITLE (SPECIFY) ACTUAL 5-6-87 DATE Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY 07/84 BP. 25M 24. FUNERAL DIRECTOR **DHMH - 17** ADDRESS (VR AT5 ME (5))



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	07	eolt s mg			220 I certify that (1) (this hospital		5	17 19 97	_, to S/17	19 87	that (1) (we) lost
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MARYLAND USE - X THE YEAR OF THE STANDING TO THE R. PHILLIAN SEC. The state of the s Since Share I Louising Come Some Services of the College

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